United States Department of State

Washington, D.C. 20520

FY 2015 Ethiopia Country Operational Plan (COP)

The following elements included in this document, in addition to "Budget and Target Reports" posted separately on www.PEPFAR.gov, reflect the approved FY 2015 COP for Ethiopia.

1) *FY 2015 COP Strategic Development Summary (SDS)* narrative communicates the epidemiologic and country/regional context; methods used for programmatic design; findings of integrated data analysis; and strategic direction for the investments and programs.

   Note that PEPFAR summary targets discussed within the SDS were accurate as of COP approval and may have been adjusted as site-specific targets were finalized. See the "COP 15 Targets by Subnational Unit" sheets that follow for final approved targets.

2) *COP 15 Targets by Subnational Unit* includes approved COP 15 targets (targets to be achieved by September 30, 2016). As noted, these may differ from targets embedded within the SDS narrative document and reflect final approved targets.

Approved FY 2015 COP budgets by mechanism and program area, and summary targets are posted as a separate document on www.PEPFAR.gov in the "FY 2015 Country Operational Plan Budget and Target Report."

Ethiopia

Country Operational Plan

(COP) 2015

Strategic Direction Summary

August 26, 2015

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Goal Statement

In consultation with the Government of Ethiopia (GOE), implementing partners, multilateral representatives and civil society organizations (CSOs), PEPFAR Ethiopia is proud to present the 2015 Country Operational Plan (COP 15). It is intended to build on the accumulated strengths of past efforts while accelerating progress towards sustained epidemic control. Ethiopia's response to the HIV/AIDS epidemic to date may be fairly characterized as robust and successful. Since 2005 when PEPFAR started in Ethiopia, antenatal HIV prevalence and deaths from AIDS have fallen by more than half. The number of adults starting ART every year now surpasses the estimated number of new HIV infections by more than four times. Estimated new infections have even fallen below estimated deaths from AIDS, meaning Ethiopia has technically achieved a level of epidemic control, albeit with additional progress needed to reach AIDS-free generation goals. Over the same period Ethiopia has also made impressive gains in developing health systems needed to sustain these achievements. This can be seen in the progressive technical and managerial ownership of PEPFAR programs by government and other local entities across a wide range of services including care and treatment, facility- and community-based HIV counselling and testing, laboratory services, and adherence support to name a few. Equally impressive have been improved access to data from surveillance, surveys, and routine program data to guide program design in Ethiopia. For many years program planning has been hampered by critical gaps in availability of timely data. Now the main challenge facing HIV policies and programs in Ethiopia is using the data that is available to inform programs.

The overarching strategy of COP15 to strengthen and sustain epidemic control in Ethiopia can be summarized in four strategic 'pivots'. The first corresponds to the question 'what?' and addresses program priorities based on demonstrated population level impact on saving lives and preventing new infections. Starting in COP14, PEPFAR engaged in a 'right-sizing' exercise to identify low impact and /or mature programs that are ready for transition, which had inter-agency agreement as being non- core activities which will have ended before COP15 funding begins; medium impact (or 'near core') activities which will transition to GOE or other funders within the next 1 to 2 years; and high impact (or 'core') activities that will continue to receive PEPFAR funding to meet the goal of sustained epidemic control. Accordingly COP15 funding reflects a significant proportional shift towards testing, care and treatment and away from lower impact activities aimed at the general population or media outreach compared to the previous year. This prioritization will continue in COP16 and COP17 as support for near-core programs phases out.

The second pivot corresponds to the question 'where' and addresses geographic prioritization of PEPFAR support to match the distribution of the HIV epidemic in Ethiopia. This strategy is new in COP15. It aims to target the rebalanced program portfolio where HIV resources will be spent most efficiently and effectively to save lives and prevent new infections. Practically this involves dividing woredas into 'scale-up',

'sustained' and 'central support' categories according to estimated disease burden or commercial sex worker density. Scale-up woredas are designed to encompass up to 80 percent of national disease burden and will be the focus of intensified facility- and community-based activities to reach 80 percent or more of the population with core prevention, care and treatment services. Sustained woredas generally account for 15 to 18 percent of national PLHIV burden. These will continue to receive PEPFAR support for routine facility-based services according to existing government guidelines and services, but no intensified outreach or community-based services. During COP15 (no later than March 31, 2016), PEPFAR will no longer support HIV activities in central support woredas, which account for 5 percent or less of disease burden. Woreda categorization has been completed in collaboration with the Federal Ministry of Health, in which all data available for woredas being considered for "central support" status were reviewed, and agreement reached on specific woredas to be scheduled for transition. A transition plan is still to be developed with the Federal Ministry of Health and each Regional Health Bureau.

The third pivot corresponds to the question 'how?' and addresses evidence-based decision making requirements for future PEPFAR funding. Geographic targeting and effective programming implied by the first two pivots require access to real time data from a platform of surveys, surveillance, program evaluations and routine monitoring through systems like the national HMIS. This platform has substantially expanded with PEPFAR support to the extent that current and future program decisions can be informed by solid empirical evidence rather than speculation and assumptions. Strategic information services are included among core activities to receive continued support in current and future operational plans.

The fourth and final pivot corresponds to the question 'who' and addresses the now well established process of transition of technical, managerial, and ultimately financial responsibility for PEPFAR programs to government and local implementing partners. Ethiopia stands as a leader among other PEPFAR countries in this process exemplified by regional health bureaus now taking full technical and managerial responsibility for implementing core care and treatment programs in public health facilities in 7 out of 11 regions. Plans are included in COP15 to accelerate this process with national and regional government as well as local NGOs and a broader array of civil society organizations than in the past. COP15 also calls for closer coordination with other multinational funding bodies such to maximize impact and reduce duplication of external funding efforts.

1.0 Epidemic, Response, and Program Context

1.1 Summary statistics, disease burden and country or regional profile

With a population of over 87,952,000 people, Ethiopia is the 2nd second most populous country in Africa. While registering impressive sustained economic growth, Ethiopia remains a low-income country with a real per capita income of US$471 and 31% of the population living below the international poverty line of $1.25/day. [1]

The HIV/AIDS situation in Ethiopia continues to be characterized by a low intensity mixed epidemic defined by independent self-sustaining HIV transmission streams within key and general populations. Adult HIV prevalence was estimated by the 2011 Ethiopia DHS survey at 1.5% nationally with substantial variation by region (from 6.5% in Gambella to 0.9% in SNNPR), residence (4.2% urban vs. 0.6% rural), and gender (1.9% female vs. 1.0 male). The HIV epidemic in Ethiopia is primarily associated with areas of urban concentration (5.2% in cities above 50 thousand compared to 2.8% in smaller cities and 0.6% in rural areas) and proximity to major transport corridors. Those living within 5 kilometers of a major road have 4 times higher HIV prevalence than those who live further away. The two exceptions to this general pattern include Gambella region, which has the highest regional prevalence in Ethiopia (6.5%) and little distinction between urban and rural prevalence, and development schemes and seasonal migrant destinations that show elevated HIV prevalence despite not being close to urban areas or major roads. For example, ANC prevalence in selected woredas in Humera zone of western Tigray exceeds 4% compared to the regional average of 1.8%. Another defining feature of the Ethiopian HIV epidemic is the pattern of steep and steady declines in ANC prevalence by as much as 60% since 2005 when PEPFAR and the Millennium AIDS Campaign signaled the start of a robust and self-evidently successful national response. According to the most recent SPECTRUM estimates, Ethiopia has already achieved a level of epidemic control, with estimated annual incidence of 3 per 10,000 adults (age 15-49) in 2014 with decrease to 2 per 10,000 estimated for 2015, the number of new infections (14,172 estimated for 2015) falling below the number of HIV-related deaths (26,682) and even further below the number initiating ART (59,035 in FY14 at PEPFAR supported facilities), resulting in an overall prevalence reduction from 1.5% in 2011 to 1.1% in 2014 and 1.0% in 2015.

Available data suggest that HIV transmission remains highest among most-at-risk populations (MARPs), while a high circumcision rate (92%), among other factors, continue to favor primary prevention among the general population. Among the general population, sources of new infection can be divided into sexual transmission from risk behavior before or outside marriage and sexual and vertical transmission occurring within marriage. The aging demographic profile of the epidemic combined with high rates of sero-discordance among married couples (68%) imply that more HIV transmission occurs

[1] http://povertydata.worldbank.org/poverty/country/ETH

within marriage compared to other African epidemics; remarriage rates, however, exceed 40% regardless of gender or residence. Widowed and divorced men and women show substantially higher infection rates than other groups. Early arranged marriage, partner violence and gender inequality are cited as causes of high divorce rates and significantly elevated rates of HIV prevalence associated with divorce and remarriage.

Significant gains in PMTCT efforts and the rolling out of option B+ indicate that by the end of FY2014, using new SPECTRUM projections, 75% of Ethiopia's estimated HIV+ pregnant women were identified and 89% of those were placed on lifelong ART.

Table 1.1.1 Key National Demographic and Epidemiological Data (2014)

	Total		**<15**				**15+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	
Total Population	87,952,000										Central Statistics Agency July 2014 Report
Prevalence (%)		1.1						1.4		0.9	2014 UNAIDS Spectrum HIV Estimate
AIDS Deaths (per year)	35,578		4,730		4,829		15,919		10,100		2014 UNAIDS Spectrum HIV Estimate
PLHIV	769,602		88,285		90,171		369,762		221,384		2014 UNAIDS Spectrum HIV Estimate
Incidence Rate (Yr)		0.030									2014 UNAIDS Spectrum HIV Estimate
New Infections (Yr)	15,614										2014 UNAIDS Spectrum HIV Estimate
Annual births	3,016,680										2014 UNAIDS Spectrum HIV Estimate
% >= 1 ANC visit**	98.1%										ARM report 2013/14
Pregnant women needing ARVs	30,528										2014 UNAIDS Spectrum HIV Estimate
Orphans (maternal, paternal, double)	3,872,537										2014 UNAIDS Spectrum HIV Estimate
TB cases (Yr)	116,633										ARM report 2013/14

TB/HIV Co-infection	10%										National TB Program Assessment-2014, and Global TB Control Report, 2014
Males Circumcised	11,831	99% of COP 14 VMMC target			1928	16.3%			9903	83.7%	2014 VMMC performance report by implementing partner
Key Populations	166,247 (urban FSW)										Total Number Extrapolated Based on combined EPHI and PSI 2014 Size Estimations
Total MSM*	NA										
[REDACTED]	*[REDACTED]*										*[REDACTED]*
Total FSW	166,247 (urban FSW)										Total Number Extrapolated Based on combined EPHI / PSI 2014 Size Estimations
FSW HIV Prevalence	24%										MARPS Survey, EPHI 2014 Unpublished Report & UNAIDS Country Progress Report, 2014
Total PWID	NA										
PWID HIV Prevalence	NA										
Priority Populations (specify)											
Military Population	138,000										International Institute of Strategic Studies, The Military Balance, 2012. Information regarding gender is not publicly known and the military is confidential about

											this number. Eligible age for military is 16+. National population size of 73.8 million obtained from the Ethiopia Demographic and Health Survey, 2011
Priority Populations Prevalence (specify)											
Military Prevalence (%)	NA										
If presenting size estimate data would compromise the safety of this population, please do not enter it in this table.* * Government of Ethiopia ANC coverage estimates are defined as services provided by **health extension workers** and health care providers. ANC coverage for 2013-2014 ranged from 54.4% in Gambella to 100% in Tigray, SNNP, Harari, Addis Ababa, and Dire Dawa. In contrast, WHO ANC coverage estimates only include ANC services provided by health care workers at the midwife level or higher.*											

Table 1.1.2 Cascade of HIV diagnosis, care and treatment (12 months)

				HIV Care and Treatment				HIV Testing and Linkage to ART		
	Total Population Size Estimate (#)	**HIV Prevalence (%)**	**Total PLHIV (#)**	**In Care (#)**	**On ART (#)**	**Retained on ART 12 Months (#)**	**Viral Suppression 12 Months**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
Total population	87,836,998	1.1%	769,601	397,341	344,344	86%	NA	6,583,308	66,925	59,035
Population less than 15 years	16,337,682	20% of the Adult	178,456	25,922*	22,955*	86%*	NA	539,503*	NA	3,964
Pregnant Women	**2,958,930**	2.0%	30,528	NA	19,813	NA	NA	1,615,335	22,790	*6,442*
[REDACTED]	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*
FSW	166,247 (Urban)	23.8%	39,567	NA	NA	NA	NA	NA		
PWID										
Priority Pop (specify)	2,195,925	NA	NA	NA	NA	NA	NA	NA		
Truckers	NA	4.9%	NA	NA	NA	NA	NA	NA		
Prisoners	NA	4.2%	NA	NA	NA	NA	NA	NA		
Military population	NA	NA	NA	NA	NA	NA	NA	NA		
Girls and Women in transactional sex			NA	NA	NA	NA	NA	NA		

STI patients	NA	NA	NA	NA	NA	NA	NA	NA		
Men and women Divorced/Separated	1,953,328	5.2%	NA	NA	NA	NA	NA	NA		
Men and women Widowed	2,084,871	12.2%	NA	NA	NA	NA	NA	NA		

1.2 Investment Profile

According to the latest Ethiopian National AIDS Spending Assessment (NASA) report for 2011/12, total annual HIV/AIDS spending was $405 million of which 86% (US$ 350 million) came from external donors, 13% came from public revenue (US$ 55 million) and less than one percent (US$ 680 thousand) came from the private sector (Table 1.2.1.a). It is important to note that the 13% contribution of public sector was and remains an underestimate because it excludes significant costs for staffing and infrastructure among other areas. The AIDS Mainstreaming Fund to which every Ministry contributes 2% of their annual budget and the AIDS fund based on voluntary contributions from public employees contributed slightly under $4 million in the NASA study.

Table 1.2.1.a Investment profile by Program Area (NAS 2011/12)

Activities	Public (x 1000)	Private (x 1000)	External funds (x 1000)	Total (x 1000)	% Public
Prevention	$24,834	$189	$53,974	$78,997	31%
Treatment	$13,054	$15	$112,268	$125,336	10%
OVC	$459	$199	$26,861	$27,519	2%
Nat.Sys.Strerngth	$15,526	$173	$104,410	$120,109	13%
HR	$526	$41	$15,581	$16,148	3%
Social services	$49	$58	$10,483	$10,590	0%
Enabling	$0	$5	$26,127	$26,132	0%
Research	$0	$0	$248	$248	0%
Totals	**$54,448**	**$680**	**$349,952**	**$405,080**	**13%**

Of external sources, PEPFAR funds are generally devoted to technical assistance and financial support, led by treatment and health system strengthening at the time of the NASA study. Global Fund primarily supports diagnosis and treatment through provision of test kits and ARVs for public and private sectors. More recent 2014 data from PEPFAR and GF show a general shift toward care and treatment from prevention and health systems strengthening for both major donors, but continued support for a broad range of other HIV-related programs (**Table 1.2.1.b**).

Table 1.2.1.b Distribution of combined PEPFAR and Global Fund resources by program area, 2014 (In thousands)

Program Area	Combined PEPFAR+GF expenditure	PEPFAR $	PEPFAR %	GF $	GF %
Clinical care, treatment and support	$118,722	$38,072	(32%)	$80,649	(68%)
Community-based care	$17,675	$12,812	(72%)	$4,864	(28%)
PMTCT	$14,364	$14,364	(100%)	$0	(0%)
HTC	$23,409	$12,773	(55%)	$10,635	(45%)
VMMC	$382	$382	(100%)	$0	(0%)
Priority population prevention	$8,183	$3,885	(47%)	$4,298	(53%)
Key population prevention	$9,204	$4,906	(53%)	$4,298	(47%)
OVC	$26,275	$21,195	(81%)	$5,081	(19%)
Laboratory	$24,785	$24,785	(100%)	$0	(0%)
SI, Surveys and Surveillance	$3,246	$3,246	(100%)	$0	(0%)
HSS	$33,462	$26,723	(80%)	$6,739	(20%)
Total	**$279,706**	**$163,142**	**(58%)**	**$116,564**	**(42%)**

While the public sector has remained the predominant player in the health sector in Ethiopia, private sector makes an important contribution to HIV/AIDS activities where it is active particularly in urban scale-up areas where private providers are concentrated.

The World Bank / International Finance Corporation report also indicated that of the population served by the private sector in Ethiopia, 42% are from urban areas and 48% are from highest income quintile. The HIV prevalence among the urban population is 4.2% while it is 4.9% among the highest income quintile which is disproportionately higher than the national average of 1.5% (DHS 2011).

Private health facilities are located in priority geographic locations and the service uptake for diseases of public health importance has significantly increased over the past years. For example the 197 PEPFAR-supported public-private mix PPM-DOTS sites are detecting 10% to 15% of all forms of tuberculosis notified nationally, of which 19.6% are HIV-co-infected compared to the 10% national average for co-infection. Private sector also plays an important role in HIV testing. HIV yields from private sector facilities are consistently above the national average (4.4% in the most recent APR) and contributed more than 12% of positive HIV tests reported in the last two years by PEPFAR Ethiopia.

Contribution of the private sector to ART provision has been more limited due to Ethiopia's restrictive regulatory system. Until recently, it was only private hospitals and selected nongovernmental organization-owned facilities that were allowed to provide ART services. The new health facility standards published last year with the support of

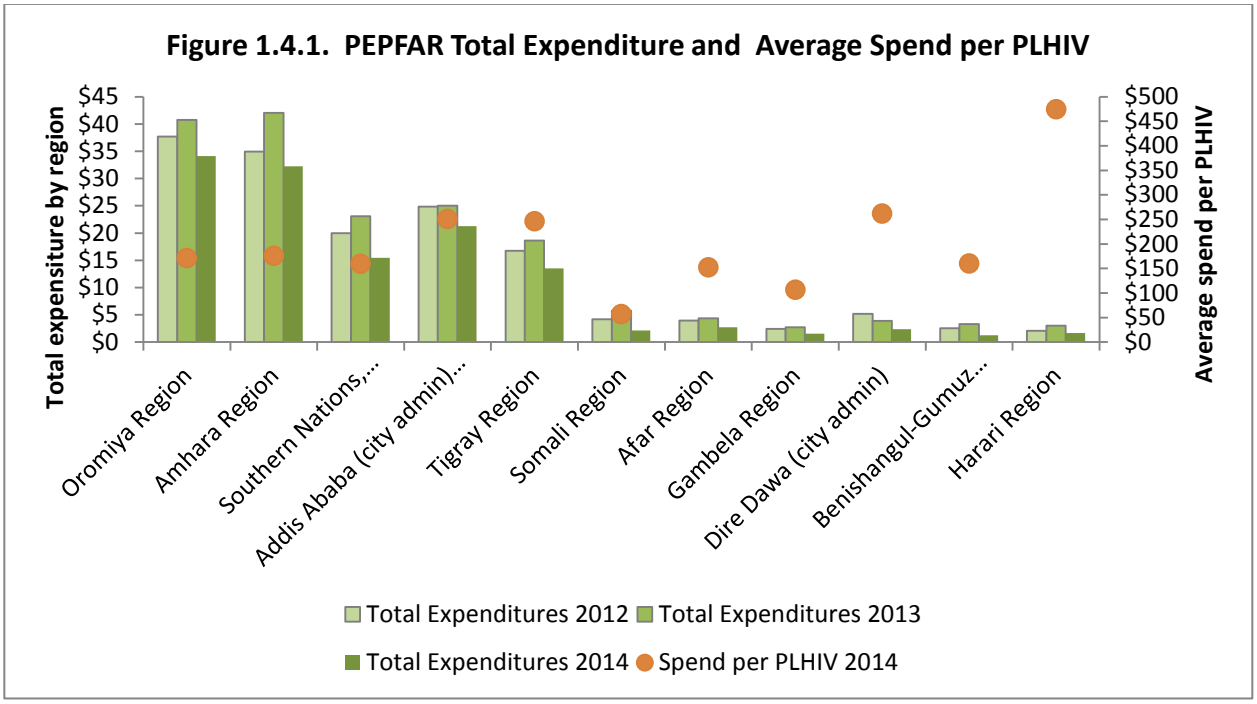
the PEPFAR-funded private health sector program now allows higher clinics to be upgraded to provide ART services along with private hospitals and selected NGO centers. At the end of FY14, a total of 13,872 adults and children were regularly receiving ART from the 39 private health facilities supported by the program.

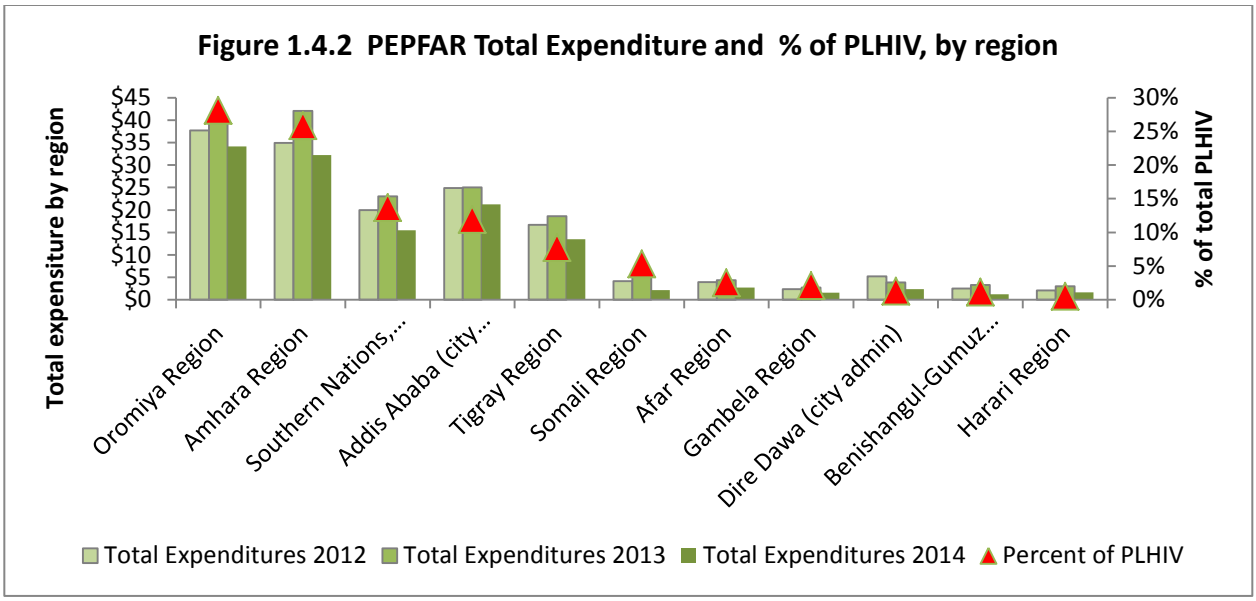
1.3 National Sustainability Profile

[REDACTED]

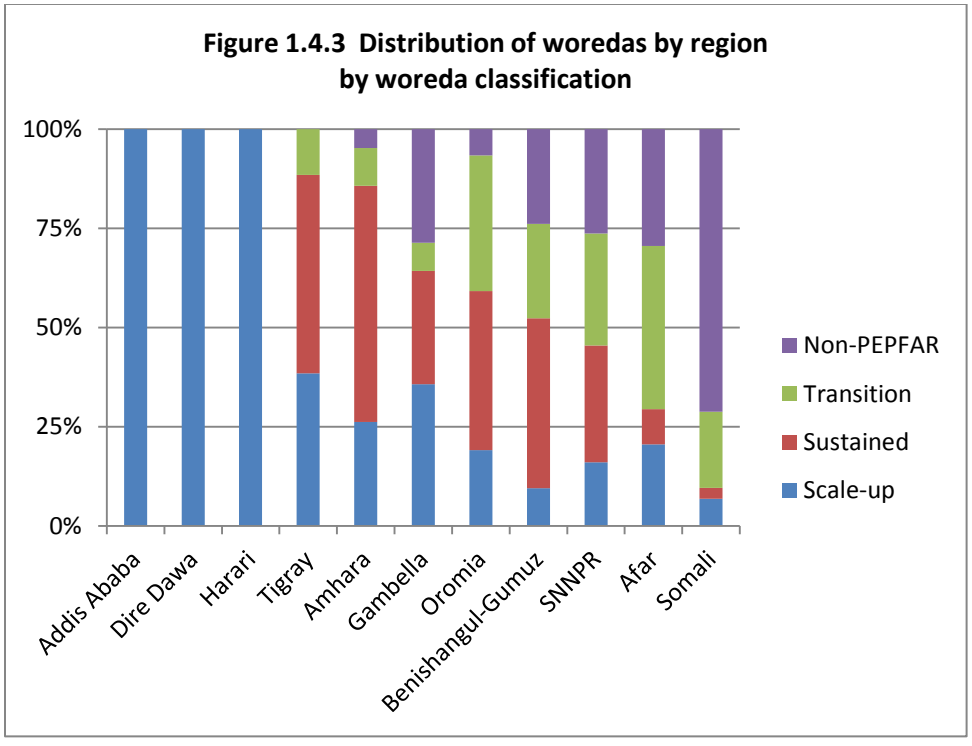
1.4 Alignment of PEPFAR investments geographically to disease burden

As depicted in **Figure 1.4.1**, spend per PLHIV varied between $150 and $250 per person in most regions; with an average spend per PLHIV of $206. The notable exception was Harari which reported spending $474 per PLHIV. There was no clear association of spend per PLHIV with total expenditure or regional HIV prevalence, although average unit costs do appear to be higher on average in city administrations such as Addis Ababa, Dire Dawa and Harari. This probably reflects the fact that unit cost are based on resident population rather than catchment area population size and do not account for additional cost of serving ART clients from surrounding regions. The other notable trend is the declining pattern of funding over time in all regions shown by the bars in dark green even as coverage of testing and treatment has increased over the same period. This shows the increasing efficiency of PEPFAR support over time.





Total PEPFAR expenditure aligns well with the general distribution of disease burden by region, as seen in Figure 1.4.2. Total expenditure increases almost in parallel with increasing percentage of the total disease burden in each region. Urban centers such as Addis, Dire Dawa and Harari report a slightly higher proportion of the total spend relative to their disease burden, but this may be explained by the tendency of urban centers to absorb treatment expenses from surrounding catchment areas described in the previous figure.



Epidemic alignment within regions is reflected by the distribution of scale-up, sustained, and central support woredas as shown in Figure 1.4.3. In dense, high prevalence urban settings such as Addis Ababa, all woredas fall into the scale-up category. The percentage of woredas currently receiving any PEPFAR support generally declines with population density and HIV prevalence of each region. The main exceptions are Gambella and Afar which both have relatively high regional HIV prevalence but marked geographic variation according to ethnic concentration or proximity to major transport corridors, respectively.

Table 1.4.4 Distribution of Scale-up Woredas and corresponding budget by regions

	Total woredas (SNUs)	Scale Up woredas	% scale-up SNUs	% national PLHIV	% PEPFAR site-level budget
Addis Ababa	116	116	100%	12%	12%
Dire Dawa	1	1	100%	1%	1%
Harari	1	1	100%	1%	1%
Subtotal	**118**	**118**	**100%**	**14%**	**14%**
Tigray	52	20	38%	8%	7%
Amhara	168	43	26%	26%	17%
Subtotal	**220**	**63**	**29%**	**34%**	**25%**
Gambella	14	7	36%	2%	1%
Oromia	304	57	19%	28%	18%
Benishangul-Gumuz	21	2	10%	1%	1%
Subtotal	**339**	**66**	**19%**	**31%**	**20%**
SNNPR	156	24	16%	5%	1%
Afar	34	6	21%	3%	1%
Somali	73	7	7%	14%	8%
Subtotal	**263**	**37**	**14%**	**21%**	**11%**
Total	**940**	**284**	**30%**	**100%**	**100%**

There is greater variation in epidemic alignment within regions. Regional distribution of scale-up woredas with highest HIV yields and greatest number of ART patients is shown in Table 1.4.3. In dense, high prevalence urban settings such as Addis Ababa, all woredas fall into the scale-up category. The percentage of scale-up woredas tends to decline as HIV prevalence and population density fall. In four of the lowest prevalence regions (Oromia, SNNPR, Benishangul Gumuz and Somali) less than 20% of woredas qualify for scale-up status.

1.5 Stakeholder Engagement:

Overall the PEPFAR team works hard to maintain an active and regular engagement with government, private sector and NGO stakeholders at federal and regional levels. For example, PEPFAR holds a monthly meeting with FMOH and Federal HIV/AIDS Prevention and Control Office (FHAPCO) to discuss new developments in PEPFAR and also to conduct quarterly program management reviews, including partner pipelines on the basis of a mutually agreed upon scale. The U.S. Centers for Disease Control and Prevention meet with the Regional Health Bureaus, local university partners, and implementing local NGOs on a quarterly basis to discuss implementation planning and execution through their cooperative agreements supporting comprehensive clinical care and treatment. USAID meets with the Federal Ministries of Education, Labor and Social Affairs, and Women, Children, and Youth Affairs on a monthly basis to coordinate implementation of prevention among high-risk youth and migrant laborers as well as social services for AIDS-affected orphans and vulnerable children. USAID also meets with Ethiopian professional and private sector associations to coordinate implementation and plan transition of clinical care and treatment activities in the private sector.

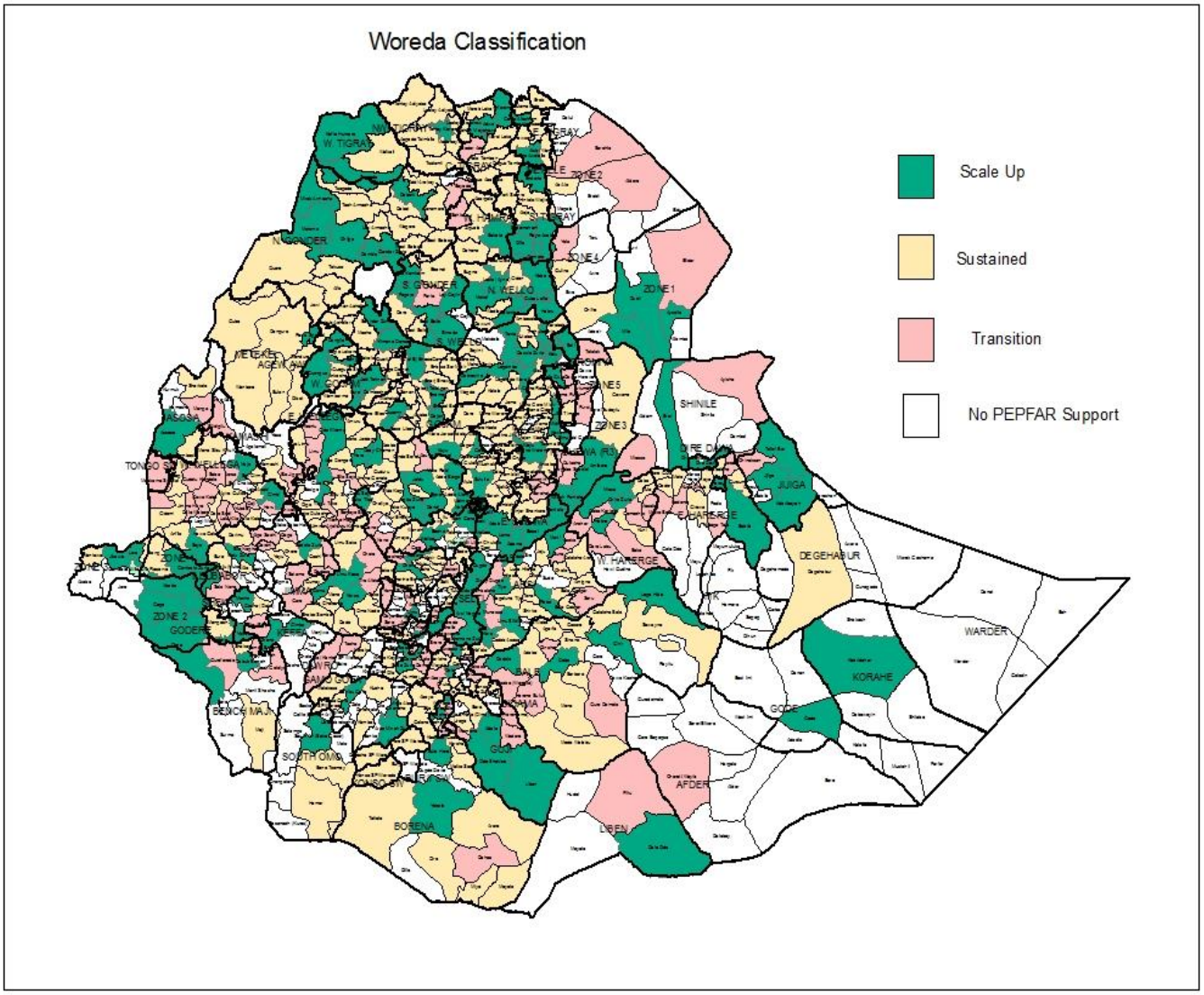
The PEPFAR team also works in close collaboration and in coordination with the Global Fund (GF). During the investment case preparation and concept note development process the PEPFAR team was actively engaged and assisted with the development process and provided continuous feedback to the FMOH and GF. Another key forum that the PEPFAR team works closely with is the HIV Development Partner Forum, consisting of UNAIDS, UNFPA, World Health Organization, UNICEF, GF, and Clinton Health Access Initiative and is co-chaired by USAID and UNFPA. The forum addresses a range of issues around policy, upcoming events, and support to the FMOH on key strategic directions. PEPFAR Ethiopia has employed this forum to share PEPFAR new strategic direction on an ongoing basis. The PEFPAR team held weekly meetings with FMOH/FHAPCO and kept them up to date on each phase of the COP development process.

The PEPFAR team engaged civil society organizations (CSOs) and private sector firms by conducting workshops where PEPFAR's new strategic direction was presented and discussions were carried out to solicit feedback. These workshops have helped PEPFAR obtain constructive comments and suggestions on how PEPFAR can foster increased CSO engagement and areas where PEPFAR ought to pay closer attention such as key

populations and emergent issues related to the fast-paced economic development in Ethiopia. To facilitate their contribution towards the coming cycle and to foster their more active involvement, PEPFAR formed a consultative body among these organizations and agreed to hold quarterly meetings. These meetings will be scheduled in advance of the proposed quarterly management meetings with the Office of the Global AIDS Coordinator (OGAC). A report-out on our quarterly meetings with CSOs can be a standing agenda item for the quarterly management meetings with OGAC. *[REDACTED]*

In addition to the CSO workshops, civil society organizations participated actively in the PEPFAR/E Sustainability Index and Dashboard workshop referenced earlier.

Figure 1.3.2 Woreda Classification



2.0 Core, Near-Core and Non-Core Activities

Given Ethiopia's success in combating the HIV epidemic and cognizant of the downward trajectory of funding, PEPFAR Ethiopia towards the end of 2013 was the first country to carry out the core, near-core and non –core classification to 'right-size' the program. The outcome of the exercise informed COP 14 implementation which is currently underway. In developing COP 15, PEPFAR Ethiopia used the results of the exercise completed in preparation for COP 14 and will re-visit the exercise early in COP 15.

In summary, Core activities focus on the major components of clinical care and treatment within the public sector, including implementation of the WHO 2013 revised guidelines, support for adherence and laboratory systems and ongoing quality improvement measures. Combination prevention is targeted to high and medium risk populations, with

a strong focus on CSW. Underpinning these two core sets of activities is ongoing technical assistance (TA) to strengthen supply chain and health management information systems and support to the health workforce through pre-service training for key professionals with more limited and targeted in-service training. Recognizing the heavy burden of highly vulnerable children, these programs also remain core. To move towards a sustainable health sector we will provide ongoing support to implement health care financing reforms, including health insurance.

Near core activities will receive reduced and shorter term USG funding with clearly articulated transition plans. These include blood safety programs both within civilian and military populations, finalization of construction commitments, community peer support activities, programs aimed at targeted strengthening of government leadership and governance and technical assistance to the private sector. The high level of male circumcision in Ethiopia and the success of the targeted USG supported program in Gambella, means that the USG will be able to transition VMMC within 1 to 2 years of implementation.

Non-core activities will not receive USG funding in COP 15. These include prevention activities for the general population (including direct service delivery for in-school youth) and technical assistance for infection prevention. Economic strengthening as a care and support intervention for people living with HIV is not core to PEPFAR in Ethiopia. At the systems level, technical assistance for public-private partnerships is not core to PEPFAR in Ethiopia.

3.0 Geographic and Population Prioritization

As documented in Section 1.1, Ethiopia's HIV epidemic is a highly heterogeneous one with urban prevalence was projected to be more than six fold greater than rural prevalence by 2015 (HIV Related Estimates and Projections for Ethiopia, 2014, EPHI) and prevalence within five kilometers of an asphalt road four-fold greater than prevalence more than five kilometers from an asphalt road. The conditions that favor HIV transmission can vary dramatically over very short distances, as steep declines in HIV prevalence with each kilometer away from major roads demonstrate clearly. Given this degree of intra-regional differences in HIV burden, it is necessary to prioritize geographically no higher than the district/woreda level to most effectively target services where they are most needed. Ethiopia's nine regions and two city administrations are comprised of 940 woredas, 802 of which are currently supported by PEPFAR activities. PEPFAR-Ethiopia utilized population data provided by the Central Statistics Agency and HIV prevalence data from Ethiopia Public Health Institute, as well as its extensive program data from 945 PEPFAR-supported public ART treatment facilities to identify 273 scale-up woredas across all nine regions and two city administrations. These woredas account for 22.1 percent of Ethiopia's national population and 80% of total PLHIV. Details regarding the options considered for measuring HIV burden and unmet need at the woreda level and the method used for identifying the 273 woredas are provided in Appendix D.

Key populations such as female sex workers have sharply elevated HIV prevalence compared to the surrounding general population, while priority populations are defined as those facing intermediate risk of infection by sharing the same sexual networks with key populations as documented in **Table 1.1.2**. To assure that woredas with high concentration of female sex workers are included among scale-up woredas, a similar ranking exercise was conducted utilizing data from a National MARPS Survey and female sex worker mapping data from a PEPFAR partner. Of the woredas accounting for 80% of where sex workers work, all but seven were included in the list of scale up woredas based on unmet treatment need. These seven were added to the scale-up woredas based on CSW size and four woredas were added are based on development schemes with high number of migrant workers. A total of 81% of PLHIV are within the catchment areas of the 284 woredas that fully comprise the scale-up woredas.

The 656 woredas that are not "scale up woredas" were further classified as "sustained," "central support," or woredas where PEPFAR has never had a presence. Of these, PEPFAR does not have a presence in 138 woredas. The remaining 518 woredas were ranked on the basis of HIV burden using number of PLHIV on treatment at facility level and annual yield from testing. Those woredas accounting for 80% of the remaining PLHIV burden were classified as sustained woredas. Of the woredas accounting for the remaining 20% of PLHIV, those that had facilities with 50 or more patients on ART were added to the list of sustained woredas. A total of 312 sustained woredas were identified in this way, accounting for all but 0.8% of PLHIV on ART (2,842 individuals), spread across 206 central support woredas. PEPFAR will support a sustained package of services in the

identified sustained woredas, which is described in Section 5.1, while working with the Regional Health Bureaus to assure that all 2842 PLHIV receiving treatment in woredas targeted for transition are assured continuity of care and treatment.

As of the end of FY 2014, 56.3% of adult PLHIV aged 15 years and above were on ART, compared to 12.9% of PLHIV under age 15, as estimated by the latest SPECTRUM models. Scale-up SNUs in six of the seven major regions and one of four emerging regions of Ethiopia are positioned to reach 80% or greater ART saturation by the end of FY17. Only one region, Addis Ababa, is positioned to achieve 80% pediatric saturation. Hence, targets for newly enrolled on ART and currently on ART for FY 2016 and 2017 were determined separately for adults and children (see **Tables 4.1.1a and 4.1.1b**). Utilizing Expenditure Analysis tools to estimate the cost of "filling the gap" from the anticipated coverage at the end of FY15 to the interim FY 16 target of 71.6% coverage for adults and 20.3% coverage for children in scale-up woredas will require approximately seven million dollars in testing costs and 20 million dollars in care and treatment costs. This does not include the costs of continuing care and treatment for the pre-existing cohort.

4.0 Program Activities for Epidemic Control in Priority Locations and Populations

4.1 Targets for priority locations and populations

Based on previously developed targets for FY 15, Ethiopia's eleven administrative regions will be at different levels of treatment saturation for both adult and pediatric PLHIV going into COP 16. We therefore have projected different trajectories to epidemic control for the scale-up woredas, based on regional treatment saturation anticipated at the end of FY 15.

For adult treatment saturation, the regions fall into three groups:

I. Addis Ababa, Harari, Dire-Dawa, Amhara, and Tigray are projected to have saturation exceeding 70% at the end of FY 15 so will reach beyond 80% saturation well before the end of FY 17.
II. Oromia and Benishangul-Gumuz, which are projected to have saturation between 50-60% at the end of FY15; the scale-up SNUs in these regions are targeted to reach 80% saturation by end of FY17.
III. SNNPR and the 'Emerging Regions' of Gambella, Afar, and Somali are projected to have saturation <40% at the end of FY 15; scale-up SNUs in these regions are not expected to be able to reach 80% saturation by the end of FY 17. The scale-up woredas in these regions will nonetheless have aggressive treatment targets to optimize progress toward saturation during FY 16.

Different assumptions were used for the scale-up SNUs in the different groups for setting FY 16 adult treatment targets. For regions in the same groups, the assumptions used to set targets were the same for all the scale-up SNUs in these regions.

For Group I, saturation will already be close to or exceed 80%. Therefore, the scale-up SNUs in these regions will maintain the same level of performance as in FY15, increasing their currently on ART by the same increment as was accomplished from end of FY14 until the end of FY15. Of the cohort already on ART as of the end of FY15, 97% will be retained on treatment through 2016. Of those newly initiated on ART during the year, deaths and loss to follow-up by the end of the reporting year will not exceed 9%. Both these retention rates are an improvement over FY 14 national performance, which were 4% and 11%, respectively, and reflect extra efforts that will be made to assure patient adherence and retention.

For Group II, 80% saturation will be achieved by end of FY 17, with 40% of the gap (unmet need) achieved in FY16. As in Group I, Group II SNUs will retain 97% of their pre-FY16 ART cohort during FY16, and limit LTFU of those initiated on ART during FY 16 to 9%.

For Group III, the very large gap of "unmet need" between projected saturation at end of FY15 and the 80% milestone will not be able to be bridged by the end of FY 17. For the SNUs in these regions, aggressive targets for FY16 have been set including doubling the number who newly initiate ART compared to those started on ART in FY15, while retaining 97% of their pre-FY16 ART cohort and limiting LTFU of those initiated on ART during FY 16 to 9%.

As a result of this targeting exercise, the total number of adult PLHIV to be newly initiated on ART in FY16 in scale-up and sustained woredas combined will be 64,329. In FY2014, 55,071 adult PLHIV were initiated on ART. Hence, a 16.8 % incremental increase will be required to achieve this target. The WHO 2013 recommendation to change the CD4 treatment threshold from 350 to 500 was adopted in early 2014, but was not widely implemented until the 3rd quarter of FY 14, and the official new national guideline was not printed and distributed until the 2nd month of FY15. Hence, we anticipate this guideline change will still have an impact on ART uptake in FY16. Likewise, the new national guideline changes the treatment criterion for TB/HIV co-infection from having to meet a CD4 threshold of < 350 to "test and treat." This combined with improvements in linkage of co-infected TB patients to ART treatment facilities in scale-up woredas is expected to improve ART coverage among this population. The assumptions used to calculate the yield from partner testing were based on expected incident cases. The actual yield may be considerably higher given that partner testing has not been widely implemented in a systematic manner. PEPFAR-E also anticipates that intensifying mentoring and other supportive activities at facilities in scale-up woredas as well as the planned community activities targeting key and priority populations in the scale-up woredas will contribute significantly to bridging the 16.8% incremental increase required to meet the FY16 target.

For pediatric treatment saturation the regions fell into four groups:

I. One region, Addis Ababa, is expected to reach a saturation level of 68% at end of FY15, and is targeted to achieve 80% saturation by the end of FY 17.
II. Harari Region is expected to reach coverage of 38% in FY 15. With aggressive targeting, it is expected to bridge 50% of the gap between current coverage and the 80% milestone by end of FY17. Hence, it is expected to reach 59% treatment saturation. The interim FY 16 target is 51% (60% of the two year incremental increase).
III. Tigray, Amhara, Oromia, and Dire Dawa are expected to achieve 10-25% coverage as of the end of FY15. They will be expected to aggressively increase their new enrollment on ART by 75% in FY16 with 2.5% "graduating" into adult cohort and 1.5% lost from the pre-FY16 cohort and 12.5% lost from those newly enrolled during the year.
IV. Afar, Somali, Gambella, Benishangul-Gumuz, and SNNPR had a coverage rate of < 10% as of APR 14. They will double their new enrollment on ART in FY 16, while maintaining the same retention rates as Group 3.

The target for Pediatric ART_NEW based on the above criteria yields a target of 7,073 (6228 in scale-up woredas and 845 in sustained woredas), which is a 78% increase over that accomplished in FY14. In late 2014, the Federal Ministry of Health authorized a test and treat policy for all children < 15 years of age. The impact of this change in policy will contribute to being able to reach the ambitious target. In addition, by focusing in scale-up woredas on testing orphans whose parents' status is unknown to caregivers, increasing testing of children of index cases, and assuring test kit availability in pediatric inpatient units, pediatric TB clinics, and malnutrition services, PEPFAR Ethiopia considers this treatment target to be achievable. **Table 4.1.1a and b** give region specific details of number of scale up woredas in each region and scale up woreda and regional treatment targets for FY 16.

PEPFAR-Ethiopia employed a cascade approach to setting HIV testing and treatment targets for both adults and children. New ART clients were assumed to come from a range of sources including pre-ART patients already diagnosed and enrolled in care, PLHIV identified through testing of key and priority populations, pregnant women, TB patients, STI patients, partners of known positives, VCT clients, and those presenting with suspicious clinical presentations identified positive through PITC. We made assumptions for each of these streams regarding the percentage successfully linked to care and eligible to begin treatment. PEPFAR-Ethiopia supports Ethiopia's efforts to eliminate mother-to-child transmission of HIV and help bring about an AIDS Free Generation. Hence, in scale-up woredas, 95% of pregnant women will be targeted for testing, and 95% of those found positive linked to treatment. Similarly, the target for TB patients found to be HIV co-infected is to initiate 100% on lifelong ART. **Tables 4.1.2 and**

4.1.4 provide details regarding populations contributing to those newly initiating ART in scale-up woredas.

A similar cascade approach was used to determine testing requirement for the anticipated pediatric enrollment with sources coming from PMTCT infant follow-up, index case testing, pediatric TB clinics, malnutrition services, pediatric inpatient wards, under-5 clinics, and testing of OVCs. Testing of OVCs of unknown HIV status will be highly prioritized in the scale-up woredas with strong linkages established to testing facilities and pediatric HIV treatment services.

*Refer to Appendix E for Table 4.1.1a by Woreda

Table 4.1.1a Adult ART Targets by Region and by Region's Scale-Up Woredas for Epidemic Control

Region	Total # of Woredas	Total # of Scale-up woredas	Total # of adult PLHIV in Region	Total # of adult PLHIV in Scale-up woredas	Expected adults current on ART in Scale-up woredas (2015)	Expected adults current on ART in the Region (2015)	Additional patients required for 80% ART coverage in Scale up woredas	Target adults current on ART in scale up woredas (in FY16)	Target for Tx_New adults in scale up woredas (in FY16)	Target adults current on ART in Region (in FY16)	Target for Tx_New adults in Region (in FY16)
Addis Ababa	116	116	80,251	80,251	78,111	78,111	Already > 80%	87,098	12,138	87,098	12,138
Amhara	168	44	152,852	112,066	83,359	113,348	6,294	92,952	12,957	125,188	16,783
Tigray	52	20	46,293	35,578	26,694	34,610	1,768	29,764	4,147	38,276	5,160
Dire Dawa	1	1	7,857	7,856	5,908	5,908	377	6,587	917	6,587	917
Harari	1	1	2,993	2,994	3,658	3,658	Already > 80%	4,079	569	4,079	569
Oromia	304	58	155,715	123,146	68,995	85,433	29,522	80,804	14,941	98,481	17,047
SNNPR	156	25	82,625	64,289	23,502	29,609	27,929	29,611	7,300	36,171	8074
BSG-Gumuz	21	2	6,812	4,059	2,178	3,528	1,069	2,606	532	4,057	704
Gambella	14	5	13,123	12,436	3,619	3809	6,330	4,562	1,126	4,766	1,150
Afar	34	7	14,354	13,012	3,850	4,081	6,560	4,852	1,197	5100	1,226
Somali	73	5	28,271	26,402	1,796	1,830	19,326	2,262	557	2,299	561
TOTAL	940	284	**591,147**	482,089	301,670	363,925	99,175	345,177	56,381	412,102	64,329

Table 4.1.1b Pediatric ART Targets by Region and by Region's Priority Woredas for Epidemic Control

Region	Total # of Woredas	Total # of Scale-up woredas	Total#of pediatric PLHIV in Region	Total # of Pediatric PLHIV in Scale-up woredas	Expected Children current on ART in Scale-up woredas (2015)	Expected children current on ART in the Region (2015)	Additional patients required for 80% pediatric ART coverage in Scale up woredas	Target current children on ART in scale up woredas (in FY16)	Target for Tx_New children in scale up woredas (in FY16)	Target current children on ART in Region (in FY16)	Target for Tx_New children Region (in FY16)
Addis Ababa	116	116	8,465	8465	5737	5737	1035	6339	979	6339	979
Amhara	168	44	43,397	31,819	6217	8436	28501	7419	1707	9845	2055
Tigray	52	20	14,903	11,456	2096	2701	9826	2501	575	3162	670
Dire Dawa	1	1	1,809	1809	397	397	1050	473	109	473	109
Harari	1	1	767	767	294	294	320	381	106	381	106
Oromia	304	58	58,837	45,598	7390	9300	39680	8819	2029	10,915	2329
SNNPR	156	25	27,863	21,679	1674	2146	20616	2054	526	2570	600
BSG-Gumuz	21	2	2,373	1,414	131	232	1767	161	41	272	57
Gambella	14	5	3,463	3,283	269	281	2501	327	81	342	85
Afar	34	7	4,344	3938	139	153	3336	171	44	187	49
Somali	73	5	12,235	11425	98	100	9690	120	31	124	34
TOTAL	940	284	178,456	141,653	24,442	29,777	118,323	28,765	6,228	34,610	7,073

Table 4.1.2 Entry Streams for Newly Initiating ART Patients in Scale-Up Districts (FY 16)

Entry Streams for ART Enrollment****	Tested for HIV (in FY16)	Identified Positive (in FY16)	Enrolled on ***ART (in FY16)
Clinical care patients not on ART	--	--	**5,638**
TB-HIV Patients not on ART	***43,168***	**8634**	**8634**
HIV-positive Pregnant Women	***702504***	**4681**	**5.001**
Commercial Sex Workers	***179,299***	**8,965**	**6,096**
Priority populations	***433,388***	**10,835**	**7,368**
Partners of PLHIV (index case testing)	***50,000***	**2,250**	**1,530**
PITC/VCT	***2,347,400***	**37,558**	**25,540**
Total	***3,755,759***	**72,923**	**49,173**

For the subset of scale up woredas which have large concentrations of CSWs, non-governmental PEPFAR implementing partners will be responsible for testing CSWs and linking those found HIV+ to care and treatment services. Ethiopian National Defense Force (ENDF), a PEPFAR partner, will test military recruits in scale up woredas and link 100% of those who test positive to HIV care and treatment services. Federal Police, also a PEPFAR partner, will be similarly responsible for testing and linkage for federal police and prisoner populations in scale up woredas. PEPFAR implementing partners will also test other priority populations, including truck drivers, mobile workers, and persons engaged in transactional sex, daily laborers in development sectors, and widowed and divorced women less than 50 years of age. While not included as a "priority population," the uninfected partners within discordant couples are at very high risk of being infected. In Ethiopia, 59% of PLHIV are married, and 2/3rds of these couples are in discordant relationships [HIV/AIDS in Ethiopia, An Epidemiological Synthesis, 2013, Federal HIV/AIDS Prevention and Control Office]. Based on SPECTRUM projections, more than 234,000 uninfected persons may be married to a PLHIV. Assuming the same baseline treatment saturation as the overall adult PLHIV population, more than 100,000 PLHIV may be exposing a spouse to HIV without the protective benefit of ART, with roughly 80% residing in or receiving services in scale-up woredas. Within scale-up woredas, PEPFAR's OVC partners will especially focus on strengthening linkages to testing, as well as to care and treatment facilities for known HIV-infected children, and will strengthen treatment adherence among OVC already on ART.

Table 4.1.3 VMMC Coverage and Targets by Age Bracket

Target Populations	Population Size Estimate 2015 (Scale-Up SNUs)*	Current Coverage (% end FY15)	*VMMC_CIRC* (# in FY16)	Expected Coverage (% end FY16)
Males 10-14	**20,584**	**20%**	**1000**	**23%**
Males 15-29	**48,670**	**91%**	**6600**	**97%**
Males 30 and above	**41,733**	**28%**	**2400**	**31%**
Military VMMC	-	-	**2000**	-
Total/Average/for Gambella For all males 15 - 49	**112,734**	**54%**	**10,000**	**58%**

Notes: * Population projected to grow at 4.1% (CSA), does not include refugee populations

Table 4.1.4 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Populations	Population Size Estimation (national)	COP15 Target (Scale-Up SNUs)
Sex workers(self –if +observed)	**166,274**	**106,951**
Other priority and key populations	**2,195,925**	**595,147**
Total	**2,362,172**	**702098**

Table 4.1.5 Targets for OVC and Pediatric HIV Testing, Care and Treatment

Region Name	Woreda	Estimated # of OVC in the target areas	Estimated # children PLWHA (<15) in the target areas	Target # of active beneficiaries receiving support from PEPFAR OVC program to access HIV services (FY 16 target for OVC-ACC)	Target # of children to be tested (FY 16 target)	Target # of children to be on ART
Addis Ababa	Gulele Woreda 4	777	41	131	78	4
Addis Ababa	Gulele Woreda 7	1872	99	315	187	10
Addis Ababa	Gulele Woreda 8	575	30	97	58	3
Addis Ababa	Gulele Woreda 9	1183	63	199	118	6
Addis Ababa	Gulele Woreda 10	925	49	156	93	5
Addis Ababa	Nifas Silk Lafto Woreda 01	843	45	142	84	4
Addis Ababa	Nifas Silk Lafto Woreda 02	955	51	161	96	5
Addis Ababa	Nifas Silk Lafto Woreda 03	801	42	135	80	4
Addis Ababa	Nifas Silk Lafto Woreda 04	938	50	158	94	5
Addis Ababa	Nifas Silk Lafto Woreda 05	757	40	127	76	4
Addis Ababa	Nifas Silk Lafto Woreda 06	902	48	152	90	5
Addis Ababa	Nifas Silk Lafto Woreda 07	956	51	161	96	5
Addis Ababa	Nifas Silk Lafto Woreda 08	765	41	129	77	4
Addis Ababa	Nifas Silk Lafto Woreda 09	896	47	151	90	5
Addis Ababa	Nifas Silk Lafto Woreda 10	1037	55	174	104	5
Addis Ababa	Nifas Silk Lafto Woreda 11	850	45	143	85	5
Addis Ababa	Nifas Silk Lafto Woreda 12	899	48	151	90	5
Addis Ababa	Arada Woreda 1	744	39	125	74	4
Addis Ababa	Arada Woreda 2	888	47	149	89	5
Addis Ababa	Arada Woreda 3	842	45	142	84	4
Addis Ababa	Arada Woreda 4	808	43	136	81	4
Addis Ababa	Arada Woreda 5	639	34	108	64	3
Addis Ababa	Arada Woreda 6	396	21	67	40	2
Addis Ababa	Arada Woreda 7	840	45	141	84	4
Addis Ababa	Arada Woreda 8	110	6	19	11	1
Addis Ababa	Arada Woreda 9	176	9	30	18	1
Addis Ababa	Arada Woreda 10	800	42	135	80	4
Addis Ababa	Kolfe Keranyo Woreda 1	2043	108	344	204	11
Addis Ababa	Kolfe Keranyo Woreda 4	595	32	100	60	3
Addis Ababa	Kolfe Keranyo Woreda 5	1527	81	257	153	8
Addis Ababa	Kolfe Keranyo Woreda 7	300	16	50	30	2
Addis Ababa	Kolfe Keranyo Woreda 9	393	21	66	39	2
Addis Ababa	Kolfe Keranyo Woreda 11	1041	55	175	104	6
Addis Ababa	Kolfe Keranyo Woreda 14	523	28	88	52	3
Addis Ababa	Kolfe Keranyo Woreda 15	578	31	93	58	3

Addis Ababa	Gullelle Woreda 1	804	43	135	80	4
Addis Ababa	Gullelle Woreda 2	825	44	139	83	4
Addis Ababa	Gullelle Woreda 3	825	44	139	83	4
Addis Ababa	Gullelle Woreda 5	825	44	139	83	4
Addis Ababa	Gullelle Woreda 6	825	44	139	83	4
Addis Ababa	Akaki Kality Woreda 2	676	36	114	68	4
Addis Ababa	Akaki Kality Woreda 3	850	45	143	85	5
Addis Ababa	Akaki Kality Woreda 4	550	29	93	55	3
Addis Ababa	Akaki Kality Woreda 5	425	23	71	43	2
Addis Ababa	Akaki Kality Woreda 6	575	30	97	58	3
Addis Ababa	Akaki Kality Woreda 7	525	28	88	53	3
Addis Ababa	Akaki Kality Woreda 8	625	33	105	63	3
Addis Ababa	Akaki Kality Woreda 9	450	24	76	45	2
Addis Ababa	Kolfe Keranyo Woreda 2	781	41	131	78	4
Addis Ababa	Kolfe Keranyo Woreda 3	781	41	131	78	4
Addis Ababa	Kolfe Keranyo Woreda 6	1075	57	181	108	6
Addis Ababa	Kolfe Keranyo Woreda 8	954	51	160	95	5
Addis Ababa	Kolfe Keranyo Woreda 10	1075	57	181	108	6
Addis Ababa	Kolfe Keranyo Woreda 12	1115	59	188	112	6
Addis Ababa	Kolfe Keranyo Woreda 13	995	53	167	100	5
Addis Ababa	Lideta Woreda 1	625	33	105	63	3
Addis Ababa	Lideta Woreda 3	308	16	52	31	2
Addis Ababa	Lideta Woreda 4	332	18	56	33	2
Addis Ababa	Lideta Woreda 5	225	12	38	23	1
Addis Ababa	Lideta Woreda 6	164	9	28	16	1
Addis Ababa	Lideta Woreda 7	293	16	49	29	2
Addis Ababa	Lideta Woreda 8	106	6	18	11	1
Addis Ababa	Lideta Woreda 9	143	8	24	14	1
Addis Ababa	Lideta Woreda 10	304	16	51	30	2
Addis Ababa	Kirkos Woreda1	376	20	63	38	2
Addis Ababa	Kirkos Woreda2	342	18	58	34	2
Addis Ababa	Kirkos Woreda3	354	19	60	35	2
Addis Ababa	Kirkos Woreda 4	352	19	59	35	2
Addis Ababa	Kirkos Woreda5	424	22	71	42	2
Addis Ababa	Kirkos Woreda6	350	19	59	35	2
Addis Ababa	Kirkos Woreda7	306	16	51	31	2
Addis Ababa	Kirkos Woreda8	414	22	70	41	2
Addis Ababa	Kirkos Woreda9	415	22	70	42	2
Addis Ababa	Kirkos Woreda10	328	17	55	33	2
Addis Ababa	Kirkos Woreda 11	328	17	55	33	2
Addis Ababa	YekaWoreda1	161	9	27	16	1
Addis Ababa	YekaWoreda2	146	8	25	15	1
Addis Ababa	YekaWoreda3	157	8	26	16	1
Addis Ababa	YekaWoreda4	155	8	26	16	1
Addis Ababa	YekaWoreda5	174	9	29	17	1

Addis Ababa	YekaWoreda6	155	8	26	16	1
Addis Ababa	YekaWoreda7	130	7	22	13	1
Addis Ababa	YekaWoreda 8	148	8	25	15	1
Addis Ababa	YekaWoreda9	166	9	28	17	1
Addis Ababa	YekaWoreda10	171	9	29	17	1
Addis Ababa	Yeka Woereda 11	129	7	22	13	1
Addis Ababa	YekaWoreda12	172	9	29	17	1
Addis Ababa	YekaWoreda13	125	7	21	13	1
Addis Ababa	Addis KetemaWoreda 1	1,135	60	191	114	6
Addis Ababa	Addis KetemaWoreda 2	900	48	151	90	5
Addis Ababa	Addis KetemaWoreda 4	2,050	109	345	205	11
Addis Ababa	Addis Ketema Woreda 5	1,550	82	261	155	8
Addis Ababa	Addis Ketema Woreda 9	2,250	119	379	225	12
Addis Ababa	Addis Ketema Woreda 10	700	37	118	70	4
Amhara	Adet Town	3300	175	555	330	17
Amhara	Ambasel	1038	55	175	104	5
Amhara	Aneded	1500	80	252	150	8
Amhara	Ankasha Guagusa	1249	66	210	125	7
Amhara	Artuma Fursi	860	46	145	86	5
Amhara	Awabel	1479	78	249	148	8
Amhara	Bahir Dar Liyu	5973	317	1005	597	32
Amhara	Baso Liben	800	42	135	80	4
Amhara	Bati Town	1400	74	236	140	7
Amhara	Bibugn	1479	78	249	148	8
Amhara	Bichena Town	2030	106	336	200	11
Amhara	merhabete	2500	133	421	250	13
Amhara	Chagni Town	540	27	86	51	3
Amhara	Chilga	4535	240	763	454	24
Amhara	Dabat	1015	54	171	102	5
Amhara	Dawa Chefa	1368	73	230	137	7
Amhara	Debark Town	1697	88	280	167	9
Amhara	Debre Birhan Town	7446	393	1248	742	39
Amhara	Debre Elias	1480	78	249	148	8
Amhara	Debre Markos Town	2372	126	399	237	13
Amhara	Debre Tabor Town	2030	106	336	200	11
Amhara	Dejen Town	1530	81	257	153	8
Amhara	Dembecha Town	2855	151	480	286	15
Amhara	Dembia	1442	76	243	144	8
Amhara	Dengila	2224	116	370	219	12
Amhara	Tarmaber	2520	134	424	252	13
Amhara	Dese Town	7269	385	1223	727	39
Amhara	Dese Zuria	940	50	158	94	5
Amhara	Ebinat	2191	116	369	219	12
Amhara	Enarj Enawga	517	27	87	52	3
Amhara	Farta	2279	121	383	228	12

Amhara	Finote Selam Town	2421	128	407	242	13
Amhara	Fogera	2427	129	408	243	13
Amhara	Gondar Zuria	4310	228	725	431	23
Amhara	Gonder Town	7449	395	1253	745	39
Amhara	Gozamin	1600	85	269	160	8
Amhara	Jawi	879	47	148	88	5
Amhara	Kalu	1646	87	277	165	9
Amhara	Kemisie Town	2500	133	421	250	13
Amhara	Kobo Town	2616	139	440	262	14
Amhara	Kombolcha Town	2000	106	336	200	11
Amhara	Kutaber	1193	63	201	119	6
Amhara	Lalibela Town	2731	145	459	273	14
Amhara	Lay Gayint	1026	53	168	100	5
Amhara	Libokemkem	2910	154	490	291	15
Amhara	Machakel	1354	72	228	135	7
Amhara	Marawi Town	2031	108	342	203	11
Amhara	Mekaneyesus Town	4305	228	724	431	23
Amhara	Merab Este	1495	79	252	150	8
Amhara	Mersa Town	1060	56	178	106	6
Amhara	Metema	1327	70	223	133	7
Amhara	Misrak Este	466	25	78	47	2
Amhara	Nifas Mewcha Town	1082	57	182	108	6
Amhara	Shewa Robit Town	5000	265	841	500	26
Amhara	Sinan	1500	80	252	150	8
Amhara	Tehuledere	2069	110	348	207	11
Amhara	Woldiya Town	2309	122	388	231	12
Amhara	Bure(Amhara)	3359	178	565	336	18
Oromia	Adama Town	5834	309	981	583	31
Oromia	Agaro Town	750	40	126	75	4
Oromia	Ambo Town	1942	103	327	194	10
Oromia	Ayira	500	27	84	50	3
Oromia	Bako Tibe	1941	103	327	194	10
Oromia	Ziway Town	4912	259	821	488	26
Oromia	Becho	1138	60	191	114	6
Oromia	Bedele Town	794	42	134	79	4
Oromia	Bishoftu Town	9513	504	1600	951	50
Oromia	Boset	963	51	162	96	5
Oromia	Burayu	2000	106	336	200	11
Oromia	Dugda	5028	266	846	503	27
Oromia	Dukem Town	1884	100	336	188	10
Oromia	Fiche Town	819	43	138	82	4
Oromia	Gimbi Town	1112	59	187	111	6
Oromia	Goba Town	5000	265	841	500	26
Oromia	Ilu	741	39	125	74	4
Oromia	Jimma Town	2658	141	447	266	14

Oromia	Metu Town	824	42	134	79	4
Oromia	Mojo Town	2563	136	431	256	14
Oromia	Nejo Town	908	48	153	91	5
Oromia	Nekemte Town	2909	154	489	291	15
Oromia	Robe Town	6262	329	1043	620	24
Oromia	Sebeta Town	2000	106	336	200	11
Oromia	Seden Sodo	251	12	37	22	1
Oromia	Shashemene Town	4893	259	823	489	26
Oromia	Wama Hagelo	569	30	96	57	3
Oromia	Woliso	1125	58	101	110	6
Oromia	Dilela woliso	591	31	184	59	3
Oromia	Dodota	-	-	200	-	-
Oromia	Merti	30	-	120	-	-
Oromia	Bosona	-	-	150	-	-
SNNPR	Alaba	2000	106	336	200	11
SNNPR	Aleta Wondo Town	2000	106	336	200	11
SNNPR	Arbaminch Town	2413	128	406	241	13
SNNPR	Areka Town	2500	133	421	250	13
SNNPR	Boditi Town	1200	64	202	120	6
SNNPR	Bonga Town	569	30	96	57	3
SNNPR	Butajira Town	2079	110	350	208	11
SNNPR	Cheko	668	35	112	67	4
SNNPR	Dalocha	2559	136	431	256	14
SNNPR	Dila Town	4330	229	728	433	23
SNNPR	Hawassa Town	4754	252	800	475	25
SNNPR	Hosaena Town	1834	97	309	183	10
SNNPR	Waka town (Mareka)	1009	53	170	101	5
SNNPR	Masha	187	10	31	19	1
SNNPR	Mizan Aman Town	2026	107	341	203	11
SNNPR	Shebedino	1864	97	309	183	10
SNNPR	Sodo Town	4671	248	786	467	25
SNNPR	Tepi Town	145	8	24	15	1
SNNPR	Tercha Town	736	39	124	74	4
SNNPR	Welkite Town	2331	124	392	233	12
SNNPR	Werabe Town	535	28	90	54	3
SNNPR	Yirga Alem Town	2000	106	336	200	11
SNNPR	Yirgachefe Town	1620	86	272	162	9
Tigraye	Adi Haki	1266	67	159	127	7
Tigraye	Adigrat Town	3734	198	792	357	20
Tigraye	Adwa Town	1333	71	505	133	7
Tigraye	Ayder	1667	88	209	167	9
Tigraye	Hadinet	688	36	168	69	4
Tigraye	Hawilti	1045	55	131	105	6
Tigraye	Kedamay Weyane	956	51	120	96	5
Tigraye	Quiha	1000	53	211	100	5

Tigraye	mekele	3311	175	180	331	18
Gambella	Gambella	1250	66	210	125	7
	Total	**325,690**	**17,225**	**55,116**	**32,500**	**1,722**

4.2 Priority Population Prevention

Policy considerations: Based on high rates of gonococcal resistance to standard antibiotic regimens found by a 2014 PEPFAR-funded study, FMOH changed national STI guidelines that require more expensive alternatives in pre-packed treatment kits purchased with PEPFAR funding. Updated national STI guidelines also include a section on management of infections in key populations that recognizes for the first time different clinical needs of key and general populations and broadens the potential service platform for key populations to include public as well as private and NGO sectors.

Lack of integrated national condom strategy has been a bottleneck to address the condom procurement and supply chain. A draft national condom strategy was prepared and submitted to GOE/HAPCO in 2013 by the national prevention taskforce but is still awaiting formal approval.

Evidence base for programming: Information available for programming on key populations has vastly improved in the last year as a result of PEPFAR-sponsored national biomarker surveys of commercial sex workers (CSW) and distance drivers and size estimation exercises for CSW. Plans to complete the HIA in the next year and other planned studies and surveillance activities should similarly expand the evidence base for priority populations and secondary prevention programs.

There is no evidence about Injecting Drug Users (IDU) prevalence and association with health problems including HIV/AIDS in Ethiopia. According to HAPCO's 2014 HIV/AIDS progress report, there is no data or intervention targeting intravenous drug users in Ethiopia. The report further narrates that there is an ongoing bio-behavioral survey IDUs in Addis Ababa by UNODC and UNAIDS2. This study will help to better understand the situation of injecting drug use and level of risk associated with HIV in the local context. Future HIV/AIDS prevention programs in Ethiopia shall be informed by the findings of this survey for targeted program design and intervention purpose.

Geographic and program prioritization: PEPFAR prevention programs for priority and key populations are already concentrated in scale-up woredas or SNUs. Density of sex worker populations aligns almost perfectly with high PLHIV burden overlapping with urban woredas linked by major transport corridors. Only 7 of 284 scale-up woredas were selected solely based on high concentrations of female sex workers while another 4 woredas were selected solely based on high concentrations of priority populations around large development sites which are of particular concern to GoE. Prevention efforts aimed at key and priority populations are all defined as core activities in COP15. Most programs adopt combination prevention approaches linking standardized behavior

change curricula with HIV testing and STI treatment services and strong linkage to care and treatment services for those who test HIV positive. A key prevention priority is getting as many HIV infected sex workers onto ART and virally suppressed as early as possible. In addition to enhanced linkage and post-test support strategies, some confidential sex worker clinics in 11 major urban centers have begun direct integration of ART services.

The US Armed Services Blood Program has supported the Ethiopian National Defense Blood Bank Center's Donor Center and Blood Processing at a central military hospital, with ongoing technical support for management, training, and supply logistics, and since has expanded to two additional military sites. An in-draft transition plan anticipates completion of transition to sustainable self-sufficiency by ENDF in 2017.

Community involvement: Community involvement in PEPFAR programming is robust in spite of general restrictions placed by government on civil society organizations, particularly those receiving foreign funding or doing activities which may be construed as 'advocacy'. Work by community groups in the areas of health is generally more accepted and PEPFAR works successfully with a wide range of local partners both as prime partners or sub-grant recipients to implement its programs. *[REDACTED]* PEPFAR has also achieved success in providing services for other hard-to-reach groups such as sex workers by employing a combination of peer outreach techniques with dedicated confidential clinics or drop-in centers. A strong trust relationship with military and federal police built up over years of PEPFAR programming paved the way for PEPFAR support of service delivery but has not resulted (in the case of military) in access to HIV and STI testing data due to national security considerations. There are no central PEPFAR initiatives in Ethiopia that affect targets for COP15.

4.3 Voluntary Male Medical Circumcision (VMMC)

Since programs started in 2009, PEPFAR has provided a total of 51,204 VMMC procedures including 12,000 in FY14 among adult men in Gambella region, military and refugee populations. The cost of VMMC has dropped over this period from roughly $100 to $23 per procedure, making it a highly cost-effective HIV prevention activity with lifelong benefits. The program was expected to reach saturation levels in the primary target group of 15 to 29 year old males by the end of the current fiscal year. However two factors have lowered estimates of VMMC coverage in the region. The first is a major influx of refugees from Sudan, nearly doubling the population of Gambella in the last two years. They share the same ethnic affiliation, circumcision rates, and access to public health services as the local indigenous population, and cannot be practically separated. Second is the rather staggering population growth rate of 4.1% for Gambella (earlier COP15

projections had estimated 3%). Even without including refugees, potential demand for MC remaining among 15 to 29 year old males has grown to 15,000, compared to the COP15 target of 10,000 for Gambella. Mobilization for VMMC occurs at the community level, and is thus difficult to direct to any specific age group. However analysis of program experience suggests that 75% of uptake with given mobilization methods occurs among 15 to 29 year olds, only 19% above age 30 and 6% age 10 to 14. All woredas in Gambella have background HIV prevalence well above the national average, regardless of 'sustained' or 'scale-up' status. Increased uptake of VMMC over the course of the program point to the development of positive social norms in favor of VMMC, although uptake still requires active promotion through social mobilization. To sustain this development, normal village-level promotion of VMMC activities will continue in Gambella's seven scale-up and four sustained woredas alike.

4.4 Preventing mother-to-child transmission (PMTCT)

Ethiopia has seen significant gains in PMTCT since the program's inception. The adoption of PMTCT Option B+ in 2013 helped to improve ART coverage among HIV positive mothers. Since all PEPFAR-supported facilities have adopted B+, ARV coverage reached 89% of identified HIV positive pregnant women seeking maternity care at PEPFAR supported health facilities in FY14 and 68% of all pregnant PLHIV women nationally. The national PMTCT program has developed an integrated PMTCT/MNCH training package which is being cascaded to train health care providers according to new guidelines. The success in the PMTCT program has resulted in a decrease in new infections among children from 8,338 in 2013 to 4,350 in 2014 (SPECTRUM 2014 Estimation). While these gains have been impressive, they still fall below the target of reaching 90% of pregnant PLHIV mothers to achieve the AIDS Free Generation goals. Identifying a higher proportion of HIV-infected pregnant and breastfeeding women is key to making further progress.

A major obstacle to reaching the 90% target is the fact that a large percentage of women obtain their antenatal care exclusively at the health post level, where neither HIV nor any other laboratory testing is performed. The national policy is that women should have at least one ANC visit at a health center. In FY14, 95% of pregnant women seen at health facility receiving DSD support from PEFPAR were tested for HIV. However, the Federal Ministry of Health reports that of 2,901,328 pregnant women who had at least one ANC visit in their 2013/14 fiscal year, only 1,931,832 (66.6%) were tested for HIV. PEPFAR supported community organizations must work with health development army and health extension workers to improve linkages between health posts and health centers to assure access to HIV testing.

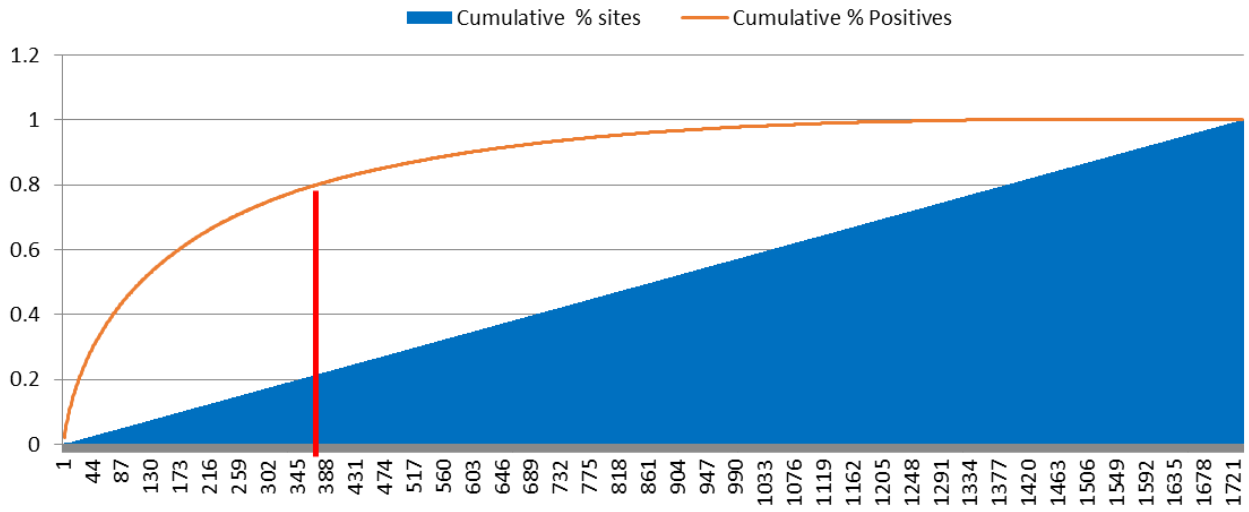
Strengthening prevention of unintended pregnancies among HIV positive women, the second prong of PMTCT, is also needed to contribute to the reduction of the MTCT rates. PEPFAR Ethiopia has received funding to conduct implementation science aimed at strengthening FP/HIV integration and promoting Long Acting Reversible Contraceptives

(LARC). The study is currently ongoing and is expected to identify gaps and best practices for scale up of FP/HIV integration in Ethiopia. No PMTCT/ART integration funds, ACT, or DREAM funds are available to PEPFAR-Ethiopia to help accelerate these activities.

Significant bottlenecks that pose challenges to improving the PMTCT program include stock outs of PMTCT commodities including DBS kits for early infant diagnosis, a significant dropout along the PMTCT cascade, and extremely delayed implementation of the option B+ register, which monitors the mother infant pair from entry into ANC through the end of the breast feeding period. SIMS visits have documented continued unacceptably long turn-around times for HIV DNA-PCR results, contributing to loss to follow-up of mothers and infants. PEPFAR directly funds DBS kits and reagents for DNA-PCR testing, which should alleviate the historical bottleneck of stock-outs. PEPFAR partners will also fund and train Mother Support Groups in scale-up woredas, which should contribute to improved retention in care. Mentoring support will strengthen PMTCT providers' capacity to maintain follow-up of the mother-infant pair until the infant has been tested following cessation of breast feeding, and then to assure referral to an ART clinic for ongoing treatment and follow-up of the mother. Introduction of SMS printers at PEPFAR funded high volume sites, and a requisition form documenting time from blood collection to postal service delivery to regional lab, and time from arrival at lab until return of test results are expected to improve turn-around time.

The delay in implementing the main monitoring tool for Option B+ has resulted in facilities adopting their own monitoring and recording methods utilizing multiple established registers, which have made them more resistant to change now that the Option B+ register has been circulated. This poses challenges for monitoring the success of the program. Additionally, the register enables providers to easily identify mothers who are late for follow-up, which should strengthen capacity to retrieve patients who otherwise could be lost to follow-up. Regional Health Bureaus and other PEPFAR partners supporting PMTCT will work to assure that the Option B+ register is universally utilized. These issues plus others identified during SIMS visits makes it imperative that the implementation of Option B+ in Ethiopia be evaluated. UNAIDS is planning such an evaluation in the coming year.

PMTCT is a core activity that will contribute directly to the goal of achieving epidemic control in Ethiopia. In order to balance the goals of MTCT elimination in Ethiopia with epidemic control, targets for the PEPFAR PMTCT program in scale-up woredas were set to reach 95% of pregnant women with HTC and initiate 95% of HIV-infected women identified on ART. PMTCT standalone sites that provide ART for fewer than 5 pregnant women in the course of a year will not be eligible for continued PEPFAR support. At the discretion of the Regional Health Bureau, PMTCT services may be continued at those facilities, but the support services provided with PEPFAR resources will not be available. PEPFAR will collaborate with the GOE, WHO, UNAIDS and UNICEF to improve PMTCT data and service quality and will support PMTCT evaluation to measure progress towards achieving the Global and national e-MTCT targets.



PMTCT Yield by Site & Cumulative Number of Known HIV Positive Pregnant Women

PMTCT Expenditure Analysis

In FY14, 374 or 22% of all PEPFAR supported PMTCT sites identified 18,249 or 80% of HIV infected pregnant women, while in 1,359 other PEPFAR supported PMTCT facilities, just 4,562 additional HIV infected pregnant women were found. Of these 1,359 facilities, 949 identified 0 to 4 positive pregnant women over the course of the year. They contributed 1,204 (5.3%) of all positive pregnant women identified at PEPFAR supported sites. These facilities will no longer be supported by PEPFAR. A few additional PMTCT sites among 206 woredas that will be transitioned in FY16, not included among the 949, will also no longer receive PEPFAR support. Hence PMTCT activities will be concentrated in roughly 780 facilities, where increasing the linkage between health posts and health centers, strengthening mother support groups and their capacity to track women or infants who miss appointments, assuring availability of DBS kits for DNA PCR testing, and strengthening the continuity of care of mother and infant through the end of breast feeding period will all be enhanced, helping to assure maximum effectiveness where positive pregnant women are most in need of services. The FMOH expects that PMTCT sites that lose PEPFAR support will remain open for the few HIV infected pregnant women needing their services.

4.5 HIV Testing and Counseling (HTC)

Nowhere is the policy dilemma between equity and epidemic control agendas demonstrated more clearly than in HIV testing policy in Ethiopia. Since the original Millennium AIDS Campaign (2006-2008), government has enthusiastically embraced the goal of universal access to HIV testing as well as treatment and innovations such as provider initiated testing which currently accounts for over 70 percent of test volume in Ethiopia. It has pointed with justifiable pride to their success in controlling their HIV epidemic as a validation of the universal access approach. However as testing volumes increased to over 12 million per year by FY13, HIV yields have fallen steadily, raising

questions of sustainability and cost effectiveness. FMOH addressed these concerns by issuing a new targeted testing strategy as part of the 2014 national guidelines for comprehensive HIV prevention, care and treatment. However, the new strategy still involves ambitious annual testing targets (9 million for FY14) and modest prioritization targeting a broad range of HIV risk exposures from high (STI and TB clients) to low (FP clients and their partners, ANC mothers and their partners, all children under 5 visiting a health facility). At the same time government has resisted calls to focus testing geographically on equity grounds. Facing increasingly widespread test kit shortages, public facilities have been prioritizing PMTCT testing resulting in historically low yields (1.0% HIV prevalence in FY14 at PEPFAR sites and 0.7% nationally). PEPFAR support for HTC in public facilities where the lion share of testing occurs is limited to technical assistance, while Global Fund provides free test kits to public and private sectors. PEPFAR has more influence over direct service delivery partners to target key and priority populations, but these contribute a relatively small proportion to overall testing volumes at PEPFAR-supported sites. Prioritization remains the major challenge to a more targeted approach to HTC in Ethiopia.

Program challenges: Erratic supply of Rapid Test Kit (RTK) has been a chronic problem exacerbated by government testing priorities described above coupled with in-country supply chain distribution challenges. This has been a consistent finding of SIMS visits in all regions. In some public sites even VCT and STI testing services have been suspended to allow testing of pregnant mothers and their partners to continue. Community-based testing programs are better targeted but face increasing problems accessing RTKs from free government stocks provided by Global Fund. HTC budgets have been increased in COP15 partly in response to the anticipated need of such partners to purchase their own test kits. Besides RTK shortages, SIMS site visits have identified weak referral linkage to care and treatment services and lack of routine STI screening for PLHIV as common gaps. Implementing partners are following up with sites having 50% or fewer red or yellow SIMS scores. USG teams are required to follow up with sites having more than 50% red or yellow scores, but to date only 6 have been identified.

To reach the targets for 80% ART coverage in scale–up SNUs, cascade analysis was conducted to determine HIV testing targets for COP15. By targeting higher burden geographic areas, focusing on key and priority populations and more strategic implementation of PITC in all sectors, HIV testing yield assumptions were made for key populations (5%), priority populations (2.5%); index case family members including partners (4.5%); and PITC at clinical settings (1.6%). As a result of measures planned to increase linkage to care in scale-up woredas, 80% of newly identified HIV positives will be linked to care and 85% of those enrolled in care are assumed to be eligible for treatment. Based on these assumptions for FY16, a total of 3,035,515 adults and 699,251 children will be tested for HIV in scale up SNUs. In sustained woredas, testing targets assume lower linkage to care (65%) and lower HIV yields (1.5%) in line with routine VCT and PITC found currently in public facility test sites.

Linkage to care and treatment services will be strengthened and loss to follow-up reduced in scale up woredas through a variety of different strategies. NGO partners will support adherence case managers to improve retention and adherence from public facilities. Efforts to address barriers to pediatric testing and treatment will be similarly intensified in scale-up woredas by strengthening internal capacity in facilities and enhanced community outreach. Testing by direct service provision partners is already focused in scale-up SNUs and targeted to address unmet need for testing among PLHIV based on measurable HIV yields. Index case testing strategies to increase access to couple and family testing services at locations chosen by consenting index clients and their families (including but not limited to home-based testing) will be included as a routine part of the scale-up package of services. Female sex workers will be tested twice yearly, and uninfected partner in discordant couples will be tested once yearly. PEPFAR Ethiopia will support the procurement of HIV rapid test kits (RTKs) for partners conducting testing that are not provided with RTKs through government channels and to fill gaps at high prevalence locations supplied by FMOH/RHBs.

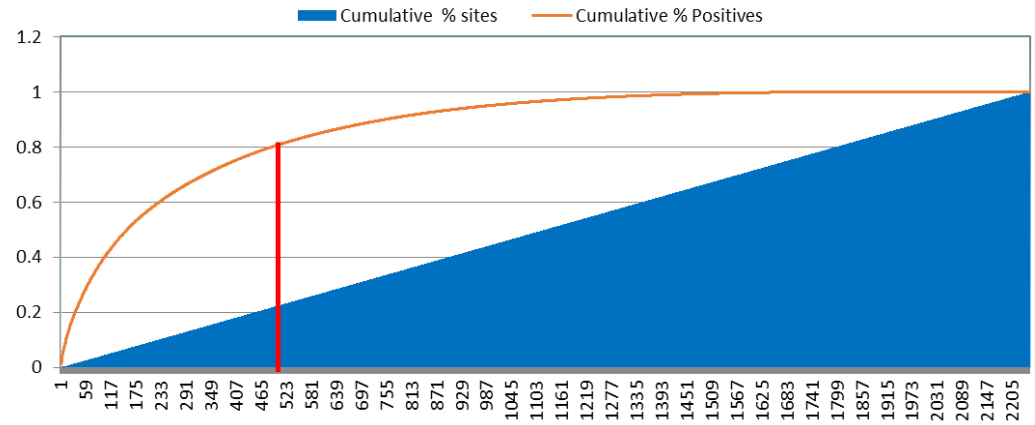
In sustained woredas, PEPFAR Ethiopia will work to maintain high quality routine PITC and VCT services by building knowledge and skills of health care providers on counseling and testing based on the national HTC training curriculum. Trainings will be need-based and will include both basic and training of trainers (TOT) to support sustainable implementation of quality HTC services. Interagency team will support implementing partners and FMOH/RHBs in analyzing and using local HTC data for prioritizing, informing, planning, and overall implementation of targeted testing.

Across scale-up and sustained woredas, PEPFAR will work together with Global Fund to advocate for tighter interpretation of targeted testing to produce higher HIV yields for routine testing within facilities, as well as focusing support according to facility-level HIV yield. The assumption of 1.6% HIV yields for scale-up sites corresponds to yields achieved in FY14, but PEPFAR Ethiopia will work with federal and regional governments to improve on targeting in all government supported facilities regardless. PEPFAR funded technical assistance to FHAPCO, which is the federal agency responsible for establishing regional testing quotas, and to PFSA, the supply chain arm of the Federal Ministry of Health, will work to change the regional and sub-regional test allocation strategy. Capacity building services will be offered to regions to allow them to monitor testing yields and ART enrolment in non-PEPFAR supported sites to allow rapid detection of any change in scale-up or sustained status. No central initiatives are planned for the Ethiopian PEPFAR program related to HIV testing.

HTC Efficiency Analysis

PEPFAR Ethiopia supported HTC at 2245 sites in FY 2014, of which only 11 reported 0 HIV positive in the fiscal year. Of the 2,245 sites, 330 are located in central support SNUs for 2016 and support will be redirected. As depicted in the figure below, 22% of the sites (490 sites) identified 80% of the HIV positives. Of the 1755 sites identifying the remaining 20% of positive+, 1425 are located in sustained SNUs for the next cycle. Community based

testing and active client recruitment funds will be redirected from these sustained SNUs. Sites located in scaleup and sustained districts but detecting below 5 HIV positives in FY 14 requires further scrutiny.



HTC Yield by Site and Cumulative percentage of Positives Identified

4.6 Facility and community-based care and support

Ethiopia has recently revised its national guideline for comprehensive HIV prevention, care and treatment to incorporate the 2013 WHO guideline including initiating ART for those with CD4 ≤ 500 cells/mm3 and packages of services to be provided during the continuum of chronic care. Given the adoption of this expanded ART eligibility criterion, it is anticipated that more patients will be initiated on treatment, and those who have been lost from pre-ART care due to perceived lack of incentive will be tracked and retained in care. In line with the national guideline, PEPFAR Ethiopia through its implementing partners will continue to support the provision of the following standard package of care and support services in scale-up woredas: clinical staging and measurement of CD4 count and/or viral load; screening and management of OIs; cotrimoxazole (CTX) prophylaxis; PHDP services; nutritional assessment, counseling and support (NACS); psychosocial services; water sanitation and hygiene; prevention of malaria; PLHIV support groups; screening and management of mental health problems. Cervical cancer screening is being taken over by the Government of Ethiopia; however, Ethiopia is receiving funding from Pink Ribbon Red Ribbon to enhance access to cervical cancer screening and treatment, and so has re-classified this activity from being one ready for transition to being maintained as a near-core activity.

PEPFAR Ethiopia will intensify program support in scale-up woredas in order to achieve 80% coverage over two year period, while maintaining services in sustained districts. The program will focus on evidence-informed high impact care and support interventions which reduce mortality and morbidity and improve retention in care, while also identifying and addressing major gaps in care and support to achieve the epidemic control goal. Technical assistance will continue to be provided at national level on development and roll-out of updated guidelines, training material, and program

monitoring tools to standardize the implementation of comprehensive community-level care and support services in response to SIMS visits, which have shown a lack of standard operating procedures in providing different community level services. The Regional Health Bureaus will be in their second year of being solely responsible for clinical oversight of facility based care and support activities with their capacity continuing to be strengthened by their principal TA partner, Columbia I-CAP. PEPFAR staff will continue their SIMS visits to help assure quality of services, providing their feedback to the Regional Health Bureau, Zonal Health Departments, and Woreda Health Offices. PEPFAR implementing partners will support health facility level quality improvement and quality assurance activities through mentoring, training, and supportive supervision. PEPFAR will procure essential commodities for prevention and management of OIs, treatment of malnourished PLHIV clients, and laboratory monitoring (including CD_4 and VL reagents and cartridges for GeneXpert) for patients enrolled in care. While these procurements will benefit all PLHIV, their beneficiaries will be concentrated in scale-up SNUs, as this is where the demand will be greatest based on disease burden.

Improving linkage, engagement and retention in care for both pre-ART and ART patients remains a high priority. In scale-up woredas, it will utilize peers ("expert patients") to escort and link newly diagnosed PLHIV from health facility and community-based testing points; provide case management services to address the psychosocial and spiritual needs of PLHIV as well as to strengthen patient education, treatment adherence, and retention in care. At the community level, Networks of PLHIV associations and health extension workers will also serve to link patients into care and treatment services and help assure treatment adherence and retention in care. Additionally, other community-based organizations including but not limited to religious structures, PLHIV support groups, patient navigators, other CBOs/NGOs and Posttest Clubs will receive PEPFAR support to augment services provided at health facilities. These organizations work closely with health facilities to improve bidirectional referral linkage, tracing of lost to follow up clients and retention of patients to care and treatment. Those organizations involved primarily in activities categorized as near-core will be on a near-core two year funding trajectory with the expectation that indigenous service providers in the community will be capacitated to carry forward their activities.

In scale-up woredas, the community will be empowered to actively engage and work with the HIV infected and affected individuals in facilitating the provision of prioritized community based care and support services that include peer education (one to one and small group) and support, reduction of stigma and discrimination through targeted community conversation and testimonials, enhanced pre- and post-test counseling, nutritional assessment and counseling and referral for nutritional support, promotion of safe water and hygiene practices, psychosocial counseling, identification and referral of victims of GBV, PHDP and social services including linkages to Economic Strengthening activities to improve household food security status and sustainable livelihood programs as appropriate, and referrals for other services (e.g. family planning). Regarding the core, near-core, and non-core exercise, many care and support services currently provided were

prioritized using evidence for care and support program prioritization and a core package of care services have been identified. PEPFAR is supporting capacity building among urban health extension program, PLHIV associations and faith based organizations with the expectation that those community based care and support activities that are categorized as near-core will be transitioned over a two year period.

To deliver quality service and allow documentation and formalization of the bi-directional referrals between facility and community based programs, further investments should be made in the community based information system including the e-MRIS.

4.7 TB/HIV

Ethiopia is among the high TB burden countries globally with estimated incidence and prevalence of TB 224 and 221 per 100,000 populations, respectively. Of registered TB cases 93% have their HIV status documented. HIV prevalence among TB patients is 10% (*Nation-wide Assessment of the Implementation Status of DOTS, TBIC, and TB/HIV in health care and prison settings in Ethiopia*, Ethiopia Public Health Institute, Dec 2014). PLHIV in care are routinely screened for TB at every follow up visit. TB is one of the leading OIs among PLHIV in Ethiopia; approximately 4% of PLHIV enrolled in care are also receiving treatment for TB. The 2014 revised national TB diagnostic algorithm recommends GeneXpert test as a primary diagnostic test for evaluating PLHIV with presumptive TB. The 2013/14 revised ART criteria of FMOH recommends provision of ART to all HIV positive TB patients as soon as possible following initiation of TB treatment initiation irrespective of CD4 or clinical status. ART coverage for HIV positive TB patients is 68%.

HIV positive TB patients receive TB and ART treatment at different clinics within the same facility and sometimes at different health facilities through intra- and inter-facility referral mechanism, respectively. TB screening services have recently been integrated with ANC and MCH. Discussion has been started with FMOH and stakeholders to pilot integrated ART service at the TB clinic (one-stop-shop model) using the option B+ platform at selected TB (DOTS) stand-alone sites in scale-up woredas to improve quality of TB/HIV care through timely initiation of ART, minimizing patient discomfort and cost, as well as improving adherence to treatment and retention.

In FY16 PEPFAR Ethiopia will focus on the following core activities with the goal of identifying almost all HIV positives among registered TB cases and achieving 100% ART coverage for HIV positive TB patients, as per the recently adopted Consolidated National Guideline. PEPFAR Ethiopia will:

- Work with the FMOH and stakeholders to update national guidelines, provider support tools and training manuals to ensure that TB/HIV diagnostic algorithms and management approaches are up-to-date and in line with the national and international recommendations;

- Routinely offer HTC to all TB patients registered for TB treatment and ensure 100% ART coverage for HIV positive TB patients;
- Integrate TB screening at the ANC/PMTCT and MCH clinics at least at 80% of PEPFAR supported health facilities;
- Implement family based approach for TB/HIV care including screening of partners of TB-HIV co-infected index cases, family members and household contacts for both TB and HIV at priority sites;
- Provide comprehensive and quality TB/HIV care at all PEPFAR supported sites including CPT and ART for all HIV positive TB cases, routine TB screening for all PLHIV in care, IPT to at least 40% of newly enrolled PLHIV after excluding active TB;
- Evaluate all PLHIV with presumptive TB using the national TB diagnostic algorithm and initiate TB treatment for those diagnosed with active TB in a timely manner;
- Support HR capacity building, procurement of supplies including GeneXpert cartridges and EQA for the TB diagnostic services and support scale up of rapid diagnostic services such as GeneXpert and sample transportation system. Currently there are 90 GeneXpert machines in the country procured by different stakeholders, and many more are in the pipeline with a long-term goal of covering all hospitals and high case load health centers with GeneXpert placement. The FMOH has a plan to make these machines accessible to all facilities by networking them with the diagnostic centers through sample referral mechanism (postal system);;
- Strengthen referral linkages across the different TB/HIV service outlets and LTFU tracking system;
- Track and report TB/HIV activities using HMIS tools; and
- Pilot integrated ART service at the TB clinics at selected health facilities in scale up woredas.

While these activities will be focused in scale-up SNUs, screening and prevention of TB, as well as TB and HIV treatment for co-infected patients will remain part of a basic package of services in all areas with ongoing PEPFAR support. Likewise, TB infection control will continue to be a priority focus that will be supported at all scale up and sustained districts to prevent transmission of TB at the health facilities.

4.8 Adult treatment

Ethiopia adopted WHO 2013 consolidated guideline in January 2014, though its implementation did not begin until 3rd quarter of FY14. The new guideline changes ART eligibility criterion from CD4 ≤350 cells/mm3 to CD4 ≤500 cells/mm3 plus makes the following PLHIV groups eligible for ART regardless of CD4: WHO clinical stage 3 and 4; TB disease, pregnant and breast feeding women (to be continued lifelong), and HIV infected partners of sero-discordant couples. ART coverage for adults (age 15+) reached 62.7% of those treatments eligible in FY14. The 12 month retention rate in FY 14 was 86%

(for adults and children combined). Due to limited availability of data about key population (FSWs & MSMs), it is difficult to measure the coverage for these groups. However, it is expected the coverage is lower than the national average.

The technical assistance to clinical sites that PEPFAR Ethiopia will promote through its primary implementing partners, the seven major regions' Regional Health Bureaus, will be optimizing identification of PLHIV in clinical settings (minimizing missed opportunities) and strengthening retention of those in care and treatment. PLHIV rarely remain so healthy that they have zero contact with health care facilities until very ill. Recognizing the common clinical features of early HIV that have reasonably high positive predictive value (generalized lymphadenopathy, for instance) will help target HIV testing for maximum yield and result in earlier initiation of treatment. Likewise, lack of user friendly services (especially for key and priority populations) has been identified as a significant bottleneck to retention in care. Promotion of friendly services can go a long way toward retaining patients in care as does the ongoing work of PEPFAR supported case managers. Overcrowded waiting areas and long waiting times as well as confidentiality concerns also contribute to loss to follow-up. To address such concerns, PEPFAR will support renovations to expand waiting areas and increase exam rooms in a limited number of high volume facilities in scale-up woredas. Sub-optimal CD_4 monitoring and lacks of access to viral load testing are two other bottlenecks that can adversely affect ART initiation and quality of care respectively. PEPFAR is procuring a major portion of the reagents needed to conduct VL testing as well as providing TA both through its laboratory staff and Care & Treatment staff in the planning for viral load scale up; and PEPFAR lab resources are contributing to improving access to CD_4 testing. PEPFAR supports comprehensive HIV training and refresher trainings, reinforced by mentoring, supportive supervision, review meetings and provision of guidelines and job aids to maintain an informed and skilled workforce. For FY 2016 PEPFAR Ethiopia's target for newly initiated adults on ART is 56,381, and for currently on ART of 345,177. By the end of FY 2017, the 80% saturation milestone will be reached for adult PLHIV in the large majority of scale-up SNUs, as detailed in Section 4.1. It is also anticipated that expanded services in scale-up woredas will improve 12 month retention rates to 90%, a 4% improvement over that accomplished in FY 2014, and reduce loss to follow-up to no more than 3% for continuing ART users as of the beginning of FY16. Introduction of mobile phone technology for case managers and community health workers will facilitate referral linkage and enhance capacity to achieve ambitions retention target. PEPFAR will strengthen its support in increasing access to ART among HIV infected pregnant & breast feeding women, adolescents, TB/HIV co-infected patients and sero-discordant couples in scale up sites. Special consideration will be made for key populations, particularly female sex workers, to get access to ART from key and priority population–friendly clinics in both the public and private (including local NGO) facilities.

QI and QM will be strengthened through MDT meetings, case reviews and SIMS visits. Continuum of care will be ensured through intensified adherence support, strengthening bidirectional referral systems and family centered services. User friendly services will be

scaled up for key populations in selected public and private sector facilities, confidential STI clinics and CSW drop in centers. During the first quarter of FY 2015, 10.6% of sites visited during SIMS visit scored a yellow or red for an Adult Care and Treatment CEE with only 2.13% getting a Red. The most consistently raised issue noted during SIMS visits was the absence of systematic tracking of patients to community services through a strong referral network. Regional Health Bureaus, the HIV/AIDS Prevention and Control Office (HAPCO), NEP+ and other key stakeholders will be coordinated to address the issue with standard referral log books and mapping of community based organizations.

All ARVs in Ethiopia are procured through GFATM. Based on the national quantification exercise used to inform ARV procurement, no ARV drug shortage is expected to interfere with achieving FY 2017 targets. Currently the country uses CD4 criteria to monitor patients for ART treatment failure, but will be transitioning to Viral Load later in FY15 with PEPFAR support as described above. The Ethiopian Public Health institute (EPHI) leads ongoing surveys to detect Early Warning Indicators (EWI). Drug resistance and early warning indicators survey will be conducted in FY16 in collaboration with WHO and CDC.

4.9 Pediatric treatment

PEPFAR will build upon results achieved in previous years to ensure efficiency and delivery of quality pediatric HIV treatment services through an integrated, comprehensive and family-centered approach. In the last year, the number of children receiving ART has increased by 20 % from 18,931 to 22,638 and children less than 15 years account for approximately 6% of total number of people on ART. Pediatric ART is provided in over 75% of all PEPFAR-supported sites providing ART to adults.

In FY 14, only 14.5% of estimated number of PLHIV less than 15 years of age compared to 62.8% of estimated adult PLHIV received at least one clinical care service. Major barriers to scaling up pediatric care and treatment in Ethiopia including a weak systems for identifying HIV-exposed infants and retaining them in care until a final diagnosis is established, an "over-stretched" dried blood spot (DBS) sample referral network, prolonged turn-around-time for DNA-PCR results stock out of HIV test kits and other missed opportunities for diagnosing sick children admitted to hospital, insufficient advocacy and limited understanding among the general population about pediatric HIV, and poor linkages between orphans and vulnerable children (OVC) programs and PMTCT services. Additionally, there have been no surveillance activities to corroborate SPECTRUM estimates for the number of PLHIV < 15 years of age. The fact that pediatric HIV case detection has lagged so far behind adult HIV case detection has led many to question the SPECTRUM estimates. An HIV Impact Assessment using population based sampling and including testing of children is planned for FY 16. This will clarify urban pediatric HIV prevalence.

Because the baseline performance of pediatric patients currently on ART is so far from 80%, the PEPFAR Family Care & Treatment TWG has come to a consensus to develop region specific targets based on their baseline performance from previous national reports. Key areas of focus will be improving pediatric ART enrollment by promoting active and early detection of exposed/infected children, aggressive targeted testing at high yield entry points, routine testing of in-patient children and index case services for adult patients who test positive for HIV; improving HIV exposed infant services, and strengthening the linkage of children testing positive to treatment services. The PEPFAR program will also support the government and regions to roll out a standardized adolescent package of care, which includes provision of adolescent friendly health services covering issues related to school, adherence, disclosure, sexuality/reproductive health and stigma. In COP2015, PEPFAR support via the RHBs will also reach health managers at district level to improve their capacity in developing and implementing pediatric HIV work plans and budgets.

4.10 OVC

In Ethiopia, HIV/AIDS, poverty and poor access to health care and education and other factors contribute to child and household vulnerability. There are an estimated 3,872,537 orphans in Ethiopia of whom 708,568 are estimated to be AIDS orphans and vulnerable children (OVC).

In response to this, the PEPFAR program for AIDS-affected children (OVC) in Ethiopia has continued its support in promoting resilience in children and broader society by reducing adversity and by building services and systems that reach people directly in their households and communities. From the host country side, the government has also prepared a national social protection strategy to address poverty, vulnerability and inequality. Complementing these efforts, the current PEPFAR OVC program in Ethiopia is addressing the most vulnerable children and adolescents, building their resilience, reducing their HIV risk, assuring those HIV-infected are identified, linked to treatment, and getting adherence support.

In FY 2015, the PEPFAR OVC program in Ethiopia is supporting 325,000 OVC along with their care providers in selected priority areas of the country. OVC are getting tailored supports based on assessed needs, including case management by trained social service workers; health education; screening and/or referral for treatment; educational support; household economic strengthening; and psychosocial support. In addition, the program promotes HIV testing and facilitates linkages to prevention services for those who test negative to keep them HIV-free; and to care and treatment services for those who test positive.

For FY 2016, the program will continue supporting the system and structure building efforts and the provision of core services mentioned above, to the 325,000 OVC (251,762

from 170 scale up, 59,997 from 34 sustained woredas, and 13,241 from 10 central support woredas). As per the transition plan, ten non-scale-up woredas will be transitioned after six months. In this implementation period, 32,500 OVCs will be tested for HIV, and 3,000 HIV infected OVC will be referred to and enrolled in care & treatment services assuming roughly 5% HIV prevalence. Among the 3,000 OVC planned to be linked with treatment, 1,722 are expected to be newly identified kids. To further enhance the Government of Ethiopia's capacity to eventually take over OVC support currently provided by PEPFAR implementing partners, the PEPFAR OVC program will continue to train social service workers and will engage the relevant federal ministries and regional bureaus to deploy case managers to link to key services provided by the communities and/or local authorities. The PEPFAR OVC program will also continue to support development of a national technical guideline for household economic strengthening and G2G assistance through direct funds to Federal Ministry of Labor and Social Affairs and Ministry of Women, Children and Youth Affairs.

5.0 Program Activities to Sustain Support for Other Locations and Populations

5.1 Sustaining package of services in other locations and populations

Of the 518 " non-scale up" woredas currently receiving PEPFAR support, the criteria described in Section 3.0 resulted in 312 of the 518 woredas qualifying for sustained support. These "sustained woredas" when combined with the scale-up woredas cover a geographic area that serves all but 0.8% of PLHIV on treatment as of the end of FY14.

In these 312 sustained woredas, PEPFAR will continue to provide technical support to assure quality of prevention, care and treatment services, as per Ethiopia's national guideline.

This technical support will include quarterly HIV focused mentoring at ART and PMTCT sites that have identified at least five PLHIV in the prior year, supportive supervision, provision of in-service trainings, availing all current guidelines to all sites, and provision of job aids. Additionally, laboratories at facilities in these woredas will be provided with reagents and other supplies required for CD4 testing and monitoring for ART toxicity, sample transport services to regional laboratories for test such as Viral Load not available locally and a limited list of commodities including some drugs used for treatment of opportunistic infections.

The package of services offered to patients at these sites is as described in the Comprehensive HIV Guideline (2014) and includes the following:

- Targeted HIV testing and counseling service to pregnant women, patients with suspected OI including TB, partner and children of known HIV positive clients, STI clients, victims of rape, children at high yield entry points, as well as orphans with unknown HIV status
- Voluntary Counseling and Testing
- Care and treatment activities including WHO clinical staging, TB screening, screening and management of opportunistic infections, psychosocial services, peer support groups and adherence counseling, provision of co-trimoxazole prophylaxis, components of PHDP service, nutritional assessment and counseling, CD4 monitoring, ART to eligible patients, and viral load monitoring, as it is scaled up nationally.
- Option B+ PMTCT services will be provided to PMTCT clients, as per the national guideline. HIV Exposed Infants will access early infant HIV diagnosis and will be monitored and cared for within the MNCH platform until post-cessation of breast feeding HIV status is known. All HIV infected children will be promptly referred to ART clinic and initiated on ART.
- Case management for purposes of providing adherence support and retrieval of patients who have missed appointments will also be sustained. However, the additional support to enhance their capacity including financing of mobile phone access will be confined to scale up woreads.

PEPFAR supported activities that will be confined to scale-up woredas but not funded in sustained woredas generally involve demand creation activities involving community outreach intended to encourage HIV testing, strengthen linkage between community based support organizations and health facilities, and enhance the capacity of government funded community based health care workers (e.g. HEWs) to identify, link to facility services and provide selected outreach prevention and care for PLHIV. Existing condom distribution programs will be sustained but local promotion programs will be curtailed. Comprehensive prevention services for commercial sex workers *[REDACTED]* or large worksite programs *[REDACTED]* or private sector health programs *[REDACTED]* will be mostly limited to scale-up woredas. Funding for community based peer support will be focused in scale-up woredas and de-emphasized in sustained woredas. Similarly, OVC service provided by PEPFAR funded organizations will gradually shift out of sustained and central support woredas to focus their activities where HIV risk is greatest. Health facilities in sustained woredas will continue to identify and treat PLHIV but uptake will be based on in house testing and passive referral. Because extra resources will not be provided to enhance retention, retention rates are expected to be lower than in scale up woreads.

The package of services in scale-up woredas is distinguished from sustaining packages by the possibility of supplemental activities or non-governmental implementing partners beyond those routinely provided by GoE. In other words, services in scale-up woredas can be more extensive than those provided in sustained woredas. Supplemental activities may be facility-based; community based, or span both facility and community domains. They are intended to intensify the effect of routine prevention, care and treatment services available in sustained woredas where the HIV epidemic is most concentrated, and thereby accelerate progress toward epidemic control.

Emphasis on quality of services, supportive supervision, need for quarterly visits, supply chain and maintenance will be held at the same high standard regardless of sustained or scale-up status. Close collaboration with government at all levels in the configuration and implementation of programs will also be consistent across sites. It is primarily the possibility of additional services, a wider array of non-governmental implementing partners and ability to reach outside facilities that differentiate scale-up from sustained woredas.

Table 5.1.1 Expected Beneficiary Volume Receiving Minimum Package of Services in Non-priority Districts

Targets for Key Indicators	Expected result APR 15	Expected result APR 16	% increase (decrease)
HIV testing in PMTCT sites ***(PMTCT_STAT)***	**652,165**	**607,017**	**(7.3%)**
HTC (only sustained districts reporting in FY 16) ***(HTC_TST)***	**2,296,459**	**1,286,505**	**(56%)**
Current on care (not yet on ART) ***(CARE_CURR-TX_CURR)***	**6,849**	**5,300**	**(31%)**
Current on ART ***(TX_CURR)***	**68,280**	**72,332**	**6.6%**
OVC ***(OVC_SERV)***	**73,238**	**95,988**	**(18%)**

5.2 Transition plans for redirecting PEPFAR support to priority locations and populations

Utilizing methodology described in Appendix D and in Section 3.0, 206 of 802 woredas (25.5%) where PEPFAR currently offers facility- or community-based services were selected for transition. Central support classification was based on woredas having no sites identifying 5 or more new PLHIV in FY2014 and no sites offering ART services to 50 or more patients. Each of these proposed central support woredas was carefully reviewed during a week-long meeting with representatives from the Federal Ministry of Health, Federal HAPCO, CDC, and USAID. PEPFAR data was triangulated with UNAIDS region specific epi-synthesis data. A few mis-classified woredas were identified and a few woredas where major development projects are anticipated were re-classified. Additionally, the Ministry provided strong reasons why two previously unsupported woredas in Gambella and Somali should be considered for scale up. The net number of scale up and sustained woredas remained unchanged (284 and 312 respectively). The number of central support woredas increased to 206. As of September 30, 2014, fewer than 3000 PLHIV were known to be receiving ART in health care facilities in these 206 woredas, roughly 0.8% of the total number of PLHIV on treatment countrywide. PEPFAR has been providing relatively limited support to such facilities due to the low volume of patients, so withdrawal of support may not have a tangible effect on service provision at such sites. Withdrawal of PEPFAR support will take place over the first six months of COP15. In most instances, government resources will be identified to maintain limited HIV services in the central support woredas. USG will assist RHBs in identifying alternatives sites for care in nearby sustained or scale-up woredas for patients served at very low volume sites if services at those sites are actually discontinued. PEPFAR Ethiopia and the Federal Ministry of Health in collaboration with the Regional Health Bureaus will develop detailed transition plans for the central support woredas in each region, and will meet periodically to review program and surveillance data to determine if any woredas warrant re-classification.

PEPFAR aims to work closely with the Ministry of Labor and Social Affairs and Ministry of Women, Children, and Youth Affairs as well as the relevant regional bureaus to refine transition plans for OVC in sustained woredas where PEPFAR is providing limited support, and in central support woredas, where PEPFAR support is not able to continue.

PEPFAR Ethiopia is committed to working collaboratively with the GOE to assure that any withdrawal of support is well conceived and has minimal impact on patients and OVC.

6.0 Program Support Necessary to Achieve Sustained Epidemic Control

6.1 Laboratory Strengthening

PEPFAR Ethiopia will continue providing laboratory infrastructure support in order to improve access, quality and coverage of HIV related diagnostic testing.

PEPFAR Ethiopia will focus on the following core activities:

1. Continuous laboratory improvement process including accreditation of laboratories and integrated quality assurance program (HIV rapid testing, CD testing, Early Infant Diagnosis, HIV viral load testing and TB diagnosis)
2. Support procurement of critical HIV laboratory commodities (Viral load reagents, CD4, drug resistance, chemistry and hematology and proficiency testing panels)
3. Strengthen integrated specimen referral and laboratory networking
4. Support the implementation of comprehensive national equipment maintenance strategy
5. Continue building laboratory capacity for critical survey and surveillance activity like HIV impact assessment, HIV, TB and STI drug resistance surveys
6. Technical assistance for development of local capacity for management of laboratory program, procurement and supply chain of laboratory commodities

PEPFAR Ethiopia currently supports basic laboratory infrastructure for 12 national and regional reference laboratories and 966 hospital and health center laboratories. Laboratory support outside of scale-up districts will be transitioned to the Government of Ethiopia.

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		Implementing Mechanism(s) ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	Linkage to Care (LTC)	0. ART uptake	11.*Other Combination prevention	12. Viral suppression
• Enrollment of laboratories in continuous quality improvement process including WHO/AFRO step-wise laboratory accreditation with prioritization of scale up sites	• Health centers and peripheral hospitals implemented basic laboratory quality management system • 109 laboratories are enrolled in to WHO/AFRO step wise laboratory accreditation process	• Health centers and peripheral hospitals will continue to implement basic quality management system • 159 laboratories will be enrolled in to WHO-AFRO step-wise laboratory accreditation process • Six best performing laboratories on WHO-AFRO will be supported for ISO	HLAB $ 1,220,000	HLAB $ 809,739	RHBs, EPHI, ASLM, CLSI, PHSP follow on		x		x		x
• Strengthen national and regional external quality assessment program with HIV rapid test quality	• HIV rapid test quality improvement initiative is being piloted at 40 sites including their testing points • Regions were able to expand regional EQA	• Comprehensive EQA that includes site monitoring, use of standard log book, proficiency	HLAB HVCT $797,0000	HLAB HVCT $ 456,749	RHBs, EPHI, SCMS, CU-ICAP		x	x	x		x

improvement initiative and support integrated EQA program including TB focusing on scale-up sites	to more sites using hospitals as EQA centers in addition to regional labs • 200 laboratories are enrolled in international/national EQA program and performances continuously monitored	panel checking and training and certification of testers will be implemented in 100 scale-up sites • 250 labs will continue to be enrolled on international/ national in integrated EQA program and performances regularly monitored									
• Implement comprehensive equipment maintenance strategy (maintenance contract, national and regional capacity development, harmonization of equipment procurement and donation, training of biomedical engineers and	• EPHI maintenance engineers provided preventive and curative maintenance services for 200 sites • Maintenance agreements with vendors under negotiation • 88 biosafety cabinets certified • Calibration of ancillary laboratory equipment done • Pre-service education on biomedical engineering	• Service contract will be signed with the vendors for 80 facilities with high patient load in selected scale up woredas • EPHI maintenance center and maintenance workshops at seven regions	HLAB $1,027,750	HLAB $466,757	RHBs, EPHI, APHL				x		x

end users)	supported at two local schools • Maintenance centers strengthened in four regions	will be strengthened • Annual maintenance and certification of biosafety cabinets and calibration of ancillary laboratory equipment • In service training on equipment maintenance will be provided for 40 biomedical engineers • Pre-service education on biomedical engineering will continue to be supported at two local training institutions which graduate 120 biomedical engineers and technicians in a year									

• Strengthening of specimen transportation and laboratory networking	• More than 700 facilities were able to send specimen to the next level for EID, viral load, TB and MDR TB, and ART monitoring with the Ethiopian Postal Services Enterprise as specimen courier	• integrated specimen transportation will be strengthened with particular emphasis on monitoring of turnaround time • Specimen referral will also consider spoke and hub method for GeneXpert location sites • SMS printers will be used for immediate result delivery at scale-up sites	HLAB HTXS HVTB $343,250	HLAB HTXS HVTB $206,740	EPHI, RHBs PHSP, HEALTB and Challenge TB				x		x
• Support scale up of viral load and EID testing	• Nearly 6000 viral load tests provided to patients suspected of treatment failure based or clinical or immunological methods • National viral load scale up implementation plan has been completed, costing was done including tradeoffs with CD4 tests • Cost per test was negotiated with the	• Viral load testing for routine monitoring of ART and EID will be supported • Automated and high through put machines that perform EID and viral load in one will be installed at 19 regional	HLAB HTXS $125,0000	HLAB HTXS $115,000	EPHI, RHBs, SCMS CU-ICAP, PHSP follow-on						x

	vendors including EID test	reference and high patient load hospitals that also serve as catchment area for the surrounding sites									
• Strengthen critical microbiology laboratory services for HIV care and treatment	• Microbiology laboratory services pertinent to HIV program were initiated and/or strengthened at 32 regional referral and bigger hospitals laboratories • Four regional laboratories were mentored on microbiological diagnostics and one graduated	• 32 laboratories will be provided support on microbiology laboratory services • Three regional laboratories will be graduated from the mentorship program and three additional regional labs will be enrolled	HLAB $426,150	HLAB 220,000	EPHI, RHBs, ASM			X			

• Support implementation of laboratory Information system (LIS)	• Electronic LIS was implemented at 21 high patient load facilities • The program was evaluated, challenges and solutions identified	• Electronic LIS will be implemented in four additional high patient load facilities • Alternative LIS like open source LIS (example BLIS) will be piloted at 4sites	HLAB $393,250	HLAB $132,500	EPHI, APHL		NA	NA	NA	NA	NA
• Support In-service and pre-service laboratory education	• Training curriculum has been standardized with inclusion of major HIV core competencies • Eight laboratory schools were supported with teaching aid, teaching methodology training • In service training provided to more than 1500 laboratory cadres	• Practical training and evaluation methodology will be standardized at eight laboratory schools • Additional three laboratory schools will be supported with teaching aids • Continuing laboratory education will be piloted in collaboration with local laboratory professional	HLAB HVTB $988,600	HLAB HVTB $600,000	ASCP, EPHA, EMA, EPHI, RHBs, CU-ICAP, PHSP follow-on, HEALTB, Challenge TB			X	X	X	x

		• associations • Need based trainings will be provided on core laboratory support areas									
• Support the scale up of GeneXpert implementation	• Procurement of Module 4 machines with cartridge and UPS; calibration; in-service training; quality assurance; technical assistance	• Technical assistance, calibration, procurement of cartridges, in-service training, quality assurance and asses how efficiently the GeneXpert machines are utilized	HVTB	HVTB	HEALTB and Challenge TB			X			
• Laboratory support for survey and surveillance activities and evaluation of technologies including point of care tests	• HIV, TB and STI drug resistance surveys were supported	• Strengthen the laboratory capacity for HIV impact assessment, HIV, TB and STI drug resistance surveys and evaluation of point of care tests	HLAB $ 134,000	HLAB $150,000	EPHI		NA	NA	NA	NA	NA
• Continue technical assistance to the national supply chain system	• Technical assistance provided to procurement and distribution of key HIV commodities	• On time procurement and distribution of key HIV	OHSS	OHSS	SCMS		X	X	X	X	x

		commodities									
• Procurement of critical HIV program commodities (Viral load, ART monitoring, EQA panels and HIV drug resistance reagents	• Key laboratory commodities availed	• Key laboratory commodities availed	HLAB HTXS $736,000	HLAB HTXS $700,000	SCMS		X	X	X	X	x

6.2

6.3 Strategic information (SI)

The SI activities listed below support proper analysis and use of epidemiologic and program data and enabling monitoring progress towards epidemic control including the 90-90-90 target of UNAIDS for Ethiopia.

PEPFAR Ethiopia will support design & implementation of surveillance systems, M&E, National Health Management Information System (HMIS), Multi-Sectoral HIV Response Information System (MRIS), and will work with EPHI to carry out the first HIV Impact Assessment (HIA).

PEPFAR Ethiopia will continue work with Ministry of Women Children and Youth Affair (MOWCYA) to develop a Child Well-being Management Information System database. Additionally, PEPFAR will work with the Government of Ethiopia to create an interoperable platform to allow data exchange system for DATIM to support the data-driven direction. To further advance the effort of epidemic control, the PEPFAR Ethiopia will carry out focused surveys on key and priority populations including bio-behavioral and size estimations.

1. Brief Activity Description	**Deliverables**		**Budget codes and allocation ($)**		**6. Implementing Mechanism (s) ID**	**7. Relevant Sustainability Element and Score**	**Impact on epidemic control**					
	2. 2015	**3. 2016**	**4. 2015**	**5. 2016**			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression	3. Retention
Strategic Information generation and dissemination with a focus on: • Key population based surveys in selected urban areas not covered on the 1st round survey and on identifying priority populations for targeted comb. Prevention intervention • HIV/AIDS, TB mortality tracking in 6 DHSS and 1 urban burial site surveillance • Supporting the pre-service training programs- EFTP,LSI • Strengthen the capacity of the Ministry of Science and Technology (MOST) which oversight all Health and health related studies supported by bilateral agencies	• 2nd round Key population/priority population survey Proposal • Mortality surveillance annual report • Pre-service training reports • Establish the two level of IRB system that will support PEPFAR funded studies	• 2nd Key population survey report • Mortality surveillance annual report • Establish the two level of IRB system that will support PEPFAR funded	**$1,468,000**	**$1,303,700**	16738 (EPHA)	Domain A-Epidemiologic and health data(8.8)	X	X	X		X	

• Conducting national PMTCT/ANC data assessment for generation of data as input for spectrum national estimates • To support existing national TB/HIV and STI case sentinel surveillance coordination at all regions and implementation at emerging regions • Conducting HIV drug resistance surveillance (Early warning indicator survey, threshold surveys)	• PMTCT data assessment report • Annual TB/HIV and STI case surveillance report • HIV drug resistance survey/ surveillance reports	• PMTCT data assessment report • TB/HIV and STI case surveillance report • HIV drug resistance survey/ surveillance reports	**$1,004,516**	**$651,800**	16751 (EPHI)	Domain A Epidemiologic and health data (8.8)	X	X	X	X		
• Strengthening the HMIS coordination at FMOH by supporting the printing, in-service training for federal MOH employees, and integrated supportive supervision • SI system Strengthening at Emerging regions through support to FMOH for HMIS in-service training, minor renovation and computerization of MRU,ART data base system , maintenance of EHMIS	• Well-coordinated unified paper based and EHMIS in place in Regions • In-service HMIS training report • Joint SS report • Functional MRU, ART data base , EHMIS system at facilities	• Well-coordinated unified paper based and EHMIS in place in Regions • In-service HMIS training report Joint SS report	$811,350	**$651,800**	10534 (FMOH)	Domain A – Performance data (14)	X	X	X	X		X
• Provision of Regional data management support for all regions and additional site level data support for Emerging regions • Hiring , training and deployment of data clerks and M & E officers for emerging regions • Supportive supervision and Technical support for PEPFAR reporting for all regions	• Improved data management and reporting at all regions • SS reports	• Improved data management and reporting at all regions • SS reports	**$168,003**	**$183,200**	16749 ICAP	Domain A Performance data (14)	X	X	X	X		X

SI system Strengthening at regions for HFs in the region including Federal and University hospitals • by supporting the HMIS in-service training, minor renovation and computerization of MRU, ART data base and • Hiring , training and deployment of data clerks and • Maintenance of EHMIS • Implementation of national sentinel surveillances	• A Well-functioning HMIS in place in emerging Regions • Improved Patient waiting time • In-service HMIS training report • Functional MRU, ART data base , EHMIS system at facilities	• A Well-functioning HMIS in place in emerging Regions • Improved Patient waiting time • In-service HMIS training report • Functional MRU, ART data base , EHMIS system at facilities	**$157,739**	**$1,306,000**	17000 (Tigray RHB), 16901 (SNNP RHB), 16752 (Amhara RHB), 13794 (Oromia RHBs), 13770 (Harari RHB, 13929 (DDCARHB) , 13934 (AARHB)	Domain A-Performance data (14) Epidemiologic and health data (8.8)	X	X	X	X		X
SI system Strengthening at regions for HFs in the region including Federal and University hospitals • by supporting the HMIS in-service training, minor renovation and computerization of MRU, ART data base and • Hiring , training and deployment of data clerks and • Maintenance of EHMIS	• A Well-functioning HMIS in place in Military hospitals • Improved Patient waiting time • In-service HMIS training report • Functional MRU, ART data base , EHMIS system at facilities	• A Well-functioning HMIS in place in Military hospitals • Improved Patient waiting time • In-service HMIS training report • Functional MRU, ART data base , EHMIS system at facilities	$56,100	**$132,300**	10558 (Ministry of National Defense, Ethiopia)	Domain A Performance data (14) Epidemiologic and health data (8.8)	X	X	X	X		X

SI system Strengthening at regions for HFs in the region including Federal and University hospitals • by supporting the HMIS in-service training, minor renovation and computerization of MRU, ART data base and • Hiring , training and deployment of data clerks and Maintenance of EHMIS	• A Well-functioning HMIS in place in Police health facilities • Improved Patient waiting time • In-service HMIS training report • Functional MRU, ART data base , EHMIS system at facilities	• A Well-functioning HMIS in place in Police health facilities • Improved Patient waiting time • In-service HMIS training report	$40,000	**$ 47,300**	12319 (Federal Police, Ethiopia)	Domain A Performance data (14) Epidemiologic and health data (8.8)	X	X	X	X		X
Implementation and scale up of HIV case surveillance in priority major regions of Ethiopia. This will track source of new infections, stages of PLHV, and behavioral indicators.	• HIV case surveillance system in place in selected HFs in the selected regions	• HIV case surveillance system in place in selected HFs in Selected regions	$100,000	**$164,000**	(10559) NASTAD	Domain A Epidemiologic and health data (8.8)	X	X	X	X	X	X
• Technical assistance for SI system strengthening at all levels in the health sector with a focus on harmonization of ART and selected PMTCT high load facilities data system in to one national system(software deployment, computerization of card rooms, ensuring connectivity and training of personnel) • Establishment of DATIM data exchange system • Provision of TA to HITS training, masters M & E, and biostatistics and health informatics training programs	• A harmonized functional one electronic national data system in place for ART and selected PMTCT sites • HITS training, masters M & E, and biostatistics and health informatics training program reports	• A harmonized functional one electronic national data system in place for ART and selected PMTCT sites • HITS training, masters M & E, and biostatistics and health informatics training program reports	$2,865,011	**$2,321,300**	13254 (Tulane follow-on)	Domain A Performance data (14)		X	X	X	X	X

• Technical assistance for EPHI for the implementation of HIV drug resistance surveillance – to monitor the viral suppression	• Early warning Drug resistance surveillance report • Threshold survey (AA and Gondor) reports	• Early warning Drug resistance surveillance report • Threshold survey (AA and Gondor) report	$100,000	**$91,600**	16750(WHO)	Domain **A** Epidemiologic and health data (8.8)					X	X
• Capacity building on SI for Regional health bureaus and Federal MOH • HIA field implementation and dissemination support	• Tailored trainings provided in the area of data management ,informatics and surveillance •	• Tailored trainings provided in the area of data management ,informatics and surveillance • HIA report	$502,600	**$64,700**	13530 HHS/ CDC	Domain **A** (Epidemiologic and health data (8.8)	X	X	XX		XX	
• Monitoring and evaluation support for FHAPCO for joint review meeting, national report development and supportive supervision	• Joint review meeting reports • Annual M and E reports • SS reports	• Joint review meeting reports • Annual M and E reports • SS reports	$163,900	**$131,700**	13931(FHAPCO)	Domain **A** Performance data (14)	X	X	X	X	X	X
CSW Size Estimation: Ethiopia recognizes that estimating the size, type, and distribution of CSWs is important to effectively plan, implement, monitor and evaluate HIV/AIDS prevention and care programs. This size estimation study will build on and expand to new towns within prioritized SNUs. Ethiopia will implement size estimation studies according to UNAIDS/WHO WG. TC, Section 4.1.3, pp. 266 - 267 COP Guidance - Section 7.2.18, pg. 175 - 176.	-CSW size estimation and mapping completed in 88 towns in prioritized PEPFAR SNUs. -Analysis and synthesis reports completed	-CSW size estimation and mapping in 60 additional towns in prioritized PEPFAR regions. -Final reports disseminated		$200,000	14228 (MULU-MARP, PSI)	Domain A		X		X		

Technical support for GIS: This activity aims to build the USAID/Ethiopia's team in spatial analysis capacity and respond to on-demand requests to improve evidenced-based decision making and enhance standardization of HIV program implementation. This activity will allow the USAID/Ethiopia M&E TBD mechanism that will conduct geospatial analyses in support of PEPFAR goals. This activity will enhance USAID's capacity in strategic planning and programming, evaluation, and research with the use of the powerful tools of geospatial analysis. TC, pg 276	-PEPFAR Ethiopia uses GIS tools as planning tools to produce maps. - Analytic and capacity building plan developed	- PEPFAR GIS and geospatial data analysis completed -PEPFAR Ethiopia uses GIS tools as planning tools to produce maps. -GIS trainings, and support GIS data use for decision making.	$108,180	$108,180	16927 TBD Mechanism	3.2 Performance Data: Analysis of Service Delivery Data (Yes, needs strengthening) 3.4 Performance Data: Transparency of Service Delivery Data Score-	X	X	X	X		
National Child Well Being (CWB) Data Base: While Ethiopian children continue to make progress in the areas of health and education, violations of child rights and the state of children's wellbeing (CWB) are serious concerns for GOE. This activity focuses on strengthening the MoWCYA's capacity to collect, analyze, and use strategic information for child welfare program and decision making through the development and roll out of a federal CWB management information systems (MIS). The CWB MIS will serve as a hub for data gathered from regional data MIS and federal offices to assure availability of data on PEPFAR indicators, such as OVC and pediatric ART. These data will enable the GOE to plan, implement and evaluate interventions for their welfare. TC, p. 273	-Database planning, analysis, and design completed. -Feasibility study to assess and determine indicators	-Web-based database developed and functionality tested. -Trainer manual, user guide and system administration manual developed. -Training and capacity plans developed with MWCYA. -Training for MoWCYA staff on database input and use.		$100,000	14232	3.2 Performance Data: Analysis of Service Delivery Data (Score) 3.4 Performance Data: Transparency of Service Delivery Data (Score)	X	X	X	X		X

DATIM Capacity Planning: This activity will provide TA and capacity development for on-going DATIM support, maintenance, and expansion. "Collect data needed for PEPFAR reporting from partner government systems, rather than via duplicative donor-specific systems" TC, p.272	-Development of training and maintenance plans for DATIM system, including use of DHIS2 support desk for trouble shooting -Regional TOTs and refresher trainings offered for new PEPFAR partners -Landscaping of USG & FMOH systems with integration recommendations -Outline/plans for system architecture able to do data transfer with OGAC	-Reporting system pilot for USG aggregate system able to do data transfer to DATIM -Plans for further site level integration with indicator extracts from clinical data where EMR is available -Plans for increased PEPFAR data alignment with FMOH HMIS and demonstrating direct use of FMOH indicator for DATIM		$100,000	**TBD**	3.2 Performance Data: Analysis of Service Delivery Data (Score) 3.4 Performance Data: Transparency of Service Delivery Data (Score)	X	X	X	X	X	X

Supporting the transition from paper-based MRIS to e-MRIS: The collection of reliable HIV data is a critical step in tracking the status of HIV/AIDS in communities. This activity supports FHAPCO's initiative to transition from a paper-based MRIS to a computerized MRIS (e-MRIS), which will allow for the collection and administration of HIV/AIDS related information within the local context and enable access to reliable MRIS data from a number of stakeholders. "Collect data needed for PEPFAR reporting from partner government systems, rather than via duplicative donor-specific systems" TC, p.272	-FHAPCO provides leadership, management and coordination of e-MRIS activities to achieve results that support HIV/AIDS and health sector -eMRIS strategic planning is undertaken, including coordination of inputs, systems analysis, documenting use cases, functional requirements, monitoring development of eMRIS. -Support the staged implementation of the eMRIS.	-FHAPCO provides leadership, management and coordination of e-MRIS activities to achieve results that support HIV/AIDS and health sector -eMRIS strategic planning is undertaken, including coordination of inputs, systems analysis, documenting use cases, functional requirements, monitoring development of eMRIS. -Continued support t& expansion of eMRIS.	$356,160	$336,160	14217 (WFP_ Urban HIV/AIDS Project)	3.2 Performance Data: Analysis of Service Delivery Data (Score) 3.4 Performance Data: Transparency of Service Delivery Data (Score)	X	X	X	X		

Continued support for Family Folders and MRIS: In support of the GOE's "One Plan, One Report & One Budget" policy, this activity will strengthen the delivery of family-based services, including HIV services, through strengthening NHMIS and M&E capacity in prioritized PEPFAR regions. Delivering family and community-based services in Ethiopia requires functioning family folder (FF) and MRIS to collect and use information for action at local levels. "Collect data needed for PEPFAR reporting from partner government systems, rather than via duplicative donor-specific systems" TC, p.272	-Continued material and TA support for FFs in SNNPR and Oromia regions; -Regional stakeholder taskforce meetings to support planning and roll out of HIV/AIDS MRIS; ; TA for the Federal and Regional Government's implementation of the HIV/AIDS MRIS.	-Support FHAPCO's implementation of the new HIV/AIDS community-based information system. Ensure continuous implementation of data quality, use, and dissemination strategies.	$824,870	$718,010	**17641** (Advancing Partners and Communities (APC)_JSI)	3.2 Performance Data: Analysis of Service Delivery Data (Score) 3.4 Performance Data: Transparency of Service Delivery Data (Score)	X	X	X	X	X	

Survey of Adolescent girls' risks and transition to high risk sexual practices: While GOE's support for youth reproductive/sexual health is strong & the policy/legal framework is positive, adolescent girls continue to be at elevated risk to HIV. This survey (n=2000) builds on earlier qualitative research focusing on pre-infection behaviors of adolescent girls engaged in high risk, transitory occupations (domestic workers, waitresses, recent school drop outs, etc), as well as the factors contributing to transition to high risk Transactional/CSW. The survey will be focused along the country's high risk corridors, and results will be used to inform PEPFAR Programming. TC, p. 254 COP guidance, p. 175176	Qualitative data analysis completed Final report of qualitative study completed and results disseminated	Survey protocol developed , pretest, and field work completed Final quantitative survey report completed and disseminated		$200,000	Pop Council 10,564		X	X		x		
Conduct Sero - Behavioral Surveillance Survey	Develop protocol and finalize IRB approval	Conduct the Surveillance Survey on all ENDF active duty with a representative sample		$100,000	7,515 TBD	Domain A	X	X	X	X	X	

6.3 Health System Strengthening (HSS)

To sustain the delivery of HIV/AIDS prevention, care, and treatment services in Ethiopia, PEPFAR health system strengthening activities will focus on: 1) HRH/ HRIS, 2) HIV/AIDS quality improvement, 3) health sector financing reform, 4) health extension work and task shifting, 5) governance and leadership, 6) quality pharmacy services, 7) private health sector engagement, and 8) supply chain management and commodity security system.

PEPFAR will invest in health workforce development and retention of a range of cadres considered essential to deliver HIV/AIDS prevention, care, and treatment services; support the human resources information system (HRIS) to support evidence-based HRH policy formulation and workforce planning; support the Ministry of Health and regional health bureaus to institutionalize HIV/AIDS quality improvement throughout the healthcare system; provide technical and financial support for health financing system that accommodates alternative financing and management; support medium to long-term HIV/AIDS governance and leadership activities at all levels of the healthcare system; work in tandem with Government of Ethiopia to create a viable private health sector which contributes to HIV/AIDS and public health outcomes; strengthen pharmaceutical systems and services to ensure access to quality pharmacy services for PLHIV; and provide commodity security and supply chain technical assistance to support the development of functioning, sustainable, and efficient public health supply chain management system.

1. Brief Activity Description	**Deliverables**		**Budget codes and allocation ($)**		**6. Implementing Mechanism(s) ID**	**7. Relevant Sustainability Element and Score**	**Impact on epidemic control**				
	2. 2015	**3. 2016**	**4. 2015**	**5. 2016**			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
Human Resource for Health (HRH)											
Strengthening pre-service medical education through faculty development, curriculum review, establishing e-learning system, skill lab and providing resource material; and build the local universities in-service training unit.	▪ 2,280 new medical doctors graduated. ▪ In-service training unit/department strengthened to manage HIV/AIDS related in-service trainings.	▪ # of new doctors graduated. ▪ Pre-service training is linked to clinical services ▪ A network of medical schools strengthened ▪ In-service training unit strengthened to manage HIV/AIDS related in-service trainings.	OHSS $ 1,050,000	OHSS	12321 (UoG) 13932 (HrU) 16742 (Def) 10601 (AAU) 10548 (JU) 10517 (HaU)	Domestic services Human Resource for Health 11.6		X	X	X	X

					10557 (MU) 12319 (FPC)						
Provide technical support to build institutional capacity of medical schools in the provision of quality pre-service medical education and Integrated Emergency Surgical Officers (IESO) training program.	▪ 20 medical schools supported through technical assistance to provide quality pre-service medical education.	▪ 20 medical schools supported through technical assistance to provide quality pre-service medical education. ▪ # of doctors and IESO graduates	OHSS $1,300,000	OHSS	16749 (ICAP)	Domestic services Human Resource for Health 11.6		X	X	X	X
Strengthen the coordination and network of universities on the New Medical Education Initiative (NMEI) with the conventional medical schools, and MEPI program. Establish faculty exchange program in all networked medical schools address shortage of instructors.	▪ All medical schools and IESO schools supported by the FMOH	▪ Medical school supervised twice in year and improvement plan developed ▪ Faculty exchange among medical schools initiated and conducted	OHSS $340,000	OHSS	10534 (FMOH)	Domestic services Human Resource for Health 11.6		X	X	X	X
Strengthening the pre-service and in-service training programs in the areas of adult and pediatric emergency medicine, Obstetrics and Gynecology, biomedical engineers and technicians training through twinning partnership, and volunteer corps assignments in newly established medical schools to address critical shortage faculties. Support the national program in the development guideline and SOP in emergency medicine, pediatric GBV and equipment maintenance	▪ 30 of new emergency medicine postgraduate and residents graduated. ▪ 150 new biomedical engineers graduated. ▪ 10 new biomedical technicians graduated. ▪ # of new residents graduated in Obstetrics and Gynecology	▪ 30 of new emergency medicine postgraduate and residents graduated. ▪ Trainees linked to HIV clinic and pediatric GBV services ▪ # of new biomedical engineers graduated. ▪ # of facility level maintenance workshops supported ▪ 10 new biomedical technicians graduated. ▪ # of new residents graduated in Obstetrics & Gynecology	OHSS $1,800,000	OHSS	10599 (AIHA)	Domestic services Human Resource for Health 11.6		X	X	X	X
Increase availability of midwifes and Health Extension workers to increase access to	▪ 335 faculty and preceptors trained in PMTCT.	▪ 2700 midwifes and 4346 HEW's graduate from PSE.	OHSS	OHSS	14209	Domestic services Human Resource	X	X	X	X	X

PMTCT/HIV services	▪ 24 midwife tutors trained in HIV. ▪ Standardized and updated and distributed text books used to teach HIV to 49 Universities.	▪ 880 other essential cadres graduate from PSE. ▪ Continue to train faculty and preceptors in PMTCT. ▪ Support additional midwife tutors training in HIV. ▪ Ensure text books used to teach HIV are up to date.				for Health 11.6					
Retention of health care workers	▪ Trained 735 HR managers to increase capacity to effectively plan, deploy, manage, motivate and retain health workers for PMTCT and HIV care and treatment	▪ Continue to train HR managers in scale up sites to increase capacity to effectively plan, deploy, manage, motivate and retain health workers for PMTCT and HIV care and treatment	OHSS	OHSS	14209	Domestic services Human Resource for Health 11.6	X	X	X	X	X
National Accreditation and Quality standards developed for University and colleges	▪ Standards developed for Midwifery, Medicine, Pharmacy, and Medical Laboratory Sciences.	▪ Initialization of the developed standards at training universities	OHSS	OHSS	14209	Domestic services Human Resource for Health 11.6	X	X	X	X	X
Accreditation of in-service training centers (ISTC) for PMTCT/ART training	▪ National HIV Care and Treatment IST course reviewed and standardized. 25 IST center accredited in PMTCT/ART training	▪ Continue accreditation of ISTC's	OHSS	OHSS	14209	Domestic services Human Resource for Health 11.6	X	X	X	X	X
Strengthening and expanding the role of nurses in the delivery of HIV prevention, care, and treatment and other basic health services through the Global Nursing capacity Building Program.	▪ # of nurses or midwives completing in-service training courses	▪ # of nurses or midwives completing in-service training courses ▪ Nursing standard care guideline implemented	OHSS $200,000	OHSS	13948 (ICAP)	Domestic services Human Resource for Health 11.6	X	X	X	X	
HIV/AIDS-focused continuing medical education for clinicians	▪ 524 physicians completed HIV/AIDS CME course	▪ New competency-based HIV related Curricula	OHSS $350,000	OHSS	13597 (Mayo	Domestic services Human	X	X	X	X	X

working on HIV services, designing and produced online HIV related learning materials in partnership with MOH	▪ Five online CME courses with a total of 29 modules produced	developed in collaboration FMOH ▪ Increase the uptake and quality of online and face-to-face HIV CME courses strengthened ▪ Online CME programs transitioned to local institutions			Clinic) 13933 (EMA)	Resource for Health 11.6					
Institutionalize HRIS implementation for long-term country ownership	▪ Trainings provided on HRIS ▪ Paper-based HR backlog data entry completed at FMOH, FMHACA, and RHBs ▪ Necessary hardware purchased ▪ Supportive supervisions on HRIS conducted ▪ Review meetings on HRIS conducted	▪ Recommendations from the national HRIS assessment implemented; ▪ Trainings provided on HRIS; ▪ Necessary hardware purchased for HRIS; ▪ Supportive supervisions on HRIS conducted; ▪ Regional HRIS TWGs/steering committees established; ▪ Paper-based HR backlog data entry completed at FMOH, FMHACA, and RHBs; ▪ National and regional HRH data generated from HRIS software.	$1,152,500	OHSS	10534 (FMOH) 13254 (Tulane) 16752 (Amhara) 13794 (Oromia) 16901 (SNNPR) 17000 (Tigray) 13934 (AA) 13770 (Harari) 13939 (Dire Dawa)	Domestic services Human Resource for Health 0	X	X	X	X	
Strengthen Ethiopia's Health extension program management with specific focus on delivery of community based HIV services.	▪ # of urban health extension professionals trained on core public health services including HIV/AIDS services. ▪ # of individuals tested for HIV, received their test results	▪ Continue supporting urban health extension program implementation with specific focus on delivery of community and house-hold based HIV/AIDS services to increase number of vulnerable individuals tested, knew their status and in positive linked to care.	OHSS $1,350,000	OHSS	14210 (JSI)	Domestic services Human Resource for Health 11.6	X	X	X	X	X

Strengthen referral linkages to increase access to HIV/AIDS services with focus on discordant & divorced couples, widowed women, and PLHIV by strengthening community-facility collaboration to sustain epidemic control	▪ # of individuals referred to health facilities for HIV/AIDS services ▪ # of house-holds reached by Urban health extension workers and community volunteers	▪ Stronger referral systems to better support the continuum of care in HIV/AIDS services in place.	OHSS	OHSS		Domestic services Human Resource for Health 11.6	X	X	X	X	X
Provide TA to the development and review of manuals, standard operation procedures and guidelines to implement Ethiopia's urban health program	▪ # of guidelines, manuals developed, reviewed and distributed	▪ Continue supporting the promotion and implementation of the revised policy, implementation manuals to improve efficiency in programming and implementation of Ethiopia's urban health program	OHSS	OHSS		Domestic services Human Resource for Health 11.6	X	X	X	X	X
Design, produce and disseminate social and behavior change (SBCC) key messages to vulnerable social groups specially discordant and divorced couples, widowed women, and PLHIV in urban slums with focus on HIV prevention, adherence to treatment, care and support	▪ # of individuals reached with key health messages	▪ Continue supporting the monitoring and reinforcement of SBCC materials, messages and utilization to prevent HIV and retain those on treatment	OHSS	OHSS		Domestic services Human Resource for Health 11.6	X	X	X	X	X
Strengthening the social services system in Ethiopia(ESSSWA)	▪ # of new para social workers trained, ▪ Support the development of social protection policy and the implementation guideline, ▪ Support the deployment of the trained social workers, ▪ Improve the quality of HIV services at the community, ESSSWA and	▪ # of new professional and para profession social workers will train and deploy, ▪ Build the capacity of TVET and MOLSA, ▪ Strengthening the training in collaboration with Universities , support the dissemination and implementation of the new social protection	OHSS $500,00	OHSS	16930	Domestic services Human Resource for Health 11.6		X	X	X	

	its chapter capacity built, ▪ Build the capacity of BOLSA and HAPCO at regional level to strengthening the social services for HIV services, ▪ Support the development of competency and curriculum	policy, ▪ Build the capacity of the ESSSWA's chapter and regional BOLSA, HAPCO and woredas, ▪ Increase the quality of social services and case management, ▪ Support the deployment of Social workers at priority sites									

HIV/AIDS quality management/ Hospital reform											
Institutionalize QI/QM and hospital reform implementation	▪ Hospital performance monitoring and data use improved at 120 public hospitals. ▪ 125 hospital CEOs/managers graduated ▪ 95 government hospital adhered to Ethiopian hospital standards	▪ Health facilities' data use for QI improved ▪ # hospital CEOs/managers graduated and employed to hospitals ▪ # government hospitals adhered to Ethiopian hospital standards ▪ National QI strategy re-designed ▪ # of HCWs trained on QI methods ▪ # of health facilities implementing QI projects on ART, PMTCT, HTC, TB/HIV, etc. at public health facilities ▪ QI teams established and strengthened at health facilities ▪ Number QI projects completed at health facilities ▪ Supportive supervisions on QI conducted ▪ Review meetings on QI conducted	OHSS, $ 1,700,000	OHSS	13456 (CHAI) 16752 (Amhara) 13794 (Oromia) 16901 (SNNPR) 17000 (Tigray) 13934 (AA) 13770 (Harari) 13939 (Dire Dawa)	Domestic services Quality Management 14.0	X	X	X	X	X
Health Sector Financing Reform											
Increase Government health financing per capita for PLHIV	▪ #of health facilities implementing health care financing reform guided by functional facility governance boards and utilizing retained revenues to improve quality of HIV/AIDS services	▪ # of new health facilities implementing health care financing reform	OHSS $2,100,000	OHSS	14207	Financing and Strategic Investment Resource Generation 12.0	X	X	X	X	X

Reduce out of pocket expenses for PLHIV	▪ Support the scale up of Community-based health insurance schemes for the poor including PLHIV to reduce their financial expenditures on other treatments like OI drugs, nutrition, and testing for co-infection and other ailments. ▪ # of PLHIV enrolled into CBHI schemes ▪ # CBHI schemes technical and executive staff, and local/district Management trained to promote and execute the implementation	▪ The current CBHI schemes cover only 2,000,000 people of which 38,000 are PLHIV and 60% are indigents in 52 pilot districts of the total 916 districts in the country. ▪ To benefit more PLHIV and indigents Ethiopia critically needs scale up of the schemes to more districts and urban settings where there is high burden of the epidemic.	OHSS	OHSS		Financing and Strategic Investment Resource Generation 12.0	x	x	x	x	x
Improve domestic funding sources for support of National response to HIV	▪ Provide TA to GOE generate more domestic resources to support the epidemic control and evidence generation, costing and analysis of financial gaps including the revision of the existing health sector finance reform strategy to address changes in the socio-economic development and urbanization	▪ Continuous evidence generation for program learning and policy decisions	OHSS	OHSS		Financing and Strategic Investment Resource Commitment 3.0	x	x	x	x	x
Increased utilization of private sector to support care and treatment of HIV	▪ Provide TA for the health sector to improve private sector involvement and contributions in HIV/AIDS service as critical collaborators in the epidemic control than mere gap fillers as is the current situation	▪ Support GOE to better engage and the private sector	OHSS	OHSS		Financing and Strategic Investment Resource Commitment 3.0	x	x	x	x	x

Leadership and Governance												
Improve capacity for implementation of decentralized management of the public health system	▪ # facility, district health office management teams trained and mentored to effectively lead manage and govern the decentralized public health system	▪ Continuous support to process improvements through mentoring and technical assistance to institutionalize LMG capacity building interventions at the facility, local and sub-regional levels	OHSS $800,000		14195 (MSH) & 10559 (NASTAD)		x	x	x	x	x
Improve capacity of FMOH/FHAPCO leadership to develop and implement policies, guidelines, standards and protocols	▪ # of senior FMOH management staff trained to set policy directions and provide strategic leadership for the health sector including promoting and sustaining strategies and innovative approaches to ensure sustained HIV/AIDS epidemic control	▪ Continuous support to process improvements through mentoring and technical assistance to institutionalize LMG capacity building interventions at the federal level	OHSS	OHSS			x	x	x	x	x
Improve FHOH management structures	▪ # of Senior management , directorates and case team leaders of FMOH participated and completed LMG hands on training ▪ # Number of process improvement projects designed and completed to address LMG bottlenecks in their respective work places	▪ Continuous support to strengthen governance structures at the federal level	OHSS	OHSS			x	x	x	x	x
Improve FHAPCO and Regional HAPCOs financial management, reporting and documentation management capacity	▪ # of program managers from FHAPCO and HIV/AIDS Case Teams from Amhara, Tigray, SNNPR, DD and Harari received grant management training	▪ Continuous support through mentoring and TA at the regional level	OHSS	OHSS			x	x	x	x	x

Improve leadership of Associations of People Living with HIV and OVC's, to improve management and grant making skills	▪ # individuals from Addis Ababa and FHAPCO, Mekdem Ethiopia, NEP+ and Hiwot Ethiopia who received LMG training to improve program and fund management, reporting and monitoring and evaluation systems	▪ Continuous support through mentoring and TA FHAPCO and PLHIV associations to institutionalize LMG interventions and process improvements in planning, management and implementation of HIV/AIDS services	OHSS	OHSS			x	x	x	x	x
Capacity building support to FMOH and HAPCO at all levels	▪ National woreda-based core plan document produced and disseminated ▪ Financial and TA support provided to Federal HAPCO and 11 regional HAPCOs on multi-sectoral HIV/AIDS response	▪ National woreda-based core plan document produced and disseminated ▪ Financial and TA support provided to Federal HAPCO and 11 regional HAPCOs on multi-sectoral HIV/AIDS response	OHSS, $ 650,000	OHSS	10559 (TBD), 13931 (FHAPCO)		x	x	x	x	
Strengthening community response (TBD)	▪ Build the organizational and technical capacity of local organizations (including PLHIV associations, CBOs &FBOs)	▪ Strengthen communities response to HIV and AIDS	OHSS	OHSS							
	▪ Strengthen referral-linkage and feedback mechanisms	▪ Decrease drop off along the continuum of care									
	▪ Strengthen community networks, linkages and partnership	▪ Avoid duplication of effort and create synergy among different stakeholders working at the community level									
Strengthening quality pharmacy services											
Scale up and improve system for transparent & accountable pharmaceuticals Transaction and Services (APTS)	• Reduce wastage of medicines from 8% to 2% in PEPFAR sites • Increase the # sites	• Reduce wastage of medicines from 8% to 2% in PEPFAR sites • Increase the # sites	OHSS $400,000	OHSS	14211 (MSH)		x	x	x	x	x

	implementing ATPS from 30-80 • Increase the # of RHBs enacting and implemented APTS from 4-7 • Implement the new FMOH APTS directives in 22 university and federal hospitals • Train 250 pharmacists, pharmacy accounts and hospital managers on APTS tools in PEPFAR supported sites	implementing ATPS from 80—150 • Increase the # of RHBs enacting and implemented APTS from 7-12 • Train 350 pharmacists, pharmacy accounts and managers on APTS tools in PEPFAR supported sites									
Improve pharmacy services at facility level	• # health facility that conducted Medicines use evaluation and develop implementation plan • # health facilities that use STGs and formularies • Increase the number of PEPFAR supported sites drug information services from 80-120 • # PEPFAR supported sites providing patient education on use of medicines including ARV and OI • # of HFs using standard prescription papers • # HFs having good prescribing & dispensing manuals • # PEPFAR supported sites with functional DTC • # of medication errors	• # health facility that conducted Medicines use evaluation and develop implementation plan • # health facilities that use STGs and formularies • Increase the number of PEPFAR supported sites drug information services from 120-150 • # PEPFAR supported sites providing patient education on use of medicines including ARV and OI • # of HFs using standard prescription papers • # HFs having good prescribing & dispensing manuals • # PEPFAR supported sites with functional DTC	OHSS $300,000	OHSS	14211		X	X	X	X	X

	identified and prevented	• # of medication errors identified and prevented									
Strengthen the use of information for decision making	• 680 PEPFAR supported health facilities produce ART reports (patient uptake, LTF & regimen) • Automat Registration and Inspection and Licensing Processes of FMHACA • Number of dispensers trained on manual ART management • Disseminate bimonthly patient uptake and regimen profile reports to national and regional stakeholders • Availability of comprehensive dispensing tool in 680 PEPFAR supported sites	• 600 PEPFAR supported health facilities produce ART reports (patient uptake, LTF & regimen) • Number of dispensers trained on manual ART management Automat Professional and health facility modules of FMHACA • Disseminate bimonthly patient uptake and regimen profile reports to national and regional stakeholders • Availability of comprehensive dispensing tool in 680 PEPFAR supported sites	OHSS $500,000	OHSS	14211						
Promoting the Quality of Medicine											
Strengthen the quality assurance and quality control system of EFMHACA	• 7 new ISO accreditation of the physico-chemical lab of FMHACA • ISO accredited the condom testing laboratory (five test methods) • Prequalify the FMHACA laboratory by WHO • Maintain the ISO accreditation certificates • # staff trained on condom quality	• 10 new ISO accreditation of the FMHACA physico-chemical lab • Maintain the WHO prequalification and ISO accreditation of FMHACA laboratory • # staff trained on condom quality management system(ISO 4074 and WHO requirement) • Utilize the Common	OHSS $275,000	OHSS	14212		X	X	X	X	X

	management system(ISO 4074 and WHO requirement) • Utilize the Common technical document (CTD) the revised guideline for medicine registration	technical document (CTD) the revised guideline for medicine registration									
Strengthen the performance of product registration and licensing system of FMHACA	• Reduce the average time taken to register ARVs and OI medicines reduced by half • 80% implementation of the new marketing authorization strategy • # regulatory tools, procedures, guidelines and SOPs developed	• Reduce the average time taken to register ARVs and OI medicines reduced by half prevented • 100% implementation of the new marketing authorization strategy • # regulatory tools, procedures, guidelines and SOPs developed	OHSS $275,000	OHSS	14212		X	X	X	X	X
Strengthen inspection and market control system of FMHACA	• Conduct post market surveillance for 80 ARVs and 20 OIs • Disseminate the PMS findings to stakeholders comprehensive dispensing tool in 680 PEPFAR supported sites • Trained 80 professionals from local manufacturers in GMP so that number of GMP complaint manufacturers ready for WHO prequalification increased from 4 to 8	• Conduct post market surveillance for 80 ARVs and 20 OIs • Disseminate the PMS findings to stakeholders • Trained 80 professionals from local manufacturers in GMP so that number of GMP complaint manufacturers ready for WHO prequalification increased from 4 to 8	OHSS $350,000	OHSS	14212		X	X	X	X	X
Private Health Sector Service Delivery Expansion											
Provide TA to increase investment in private clinics to sustain, scale up and leverage private sector resources	• # of private health sectors loan processed and submitted to banks • # of private health	• # of private health sectors loan processed and submitted to banks • # of private health	OHSS $500,000	OHSS	13045 , TBD		X	X	X	X	X

	facilities receive loans/grants • # advocacy vents and experience sharing on the role of private health sector • # of private health sectors TA provided	facilities receive loans/grants • # advocacy vents and experience sharing on the role of private health sector • # of private health sectors TA provided									
Monitoring and evaluation of loans made under the DCA	• # monitoring visits to the loan grantees • # of granted facilities receiving TA, • Zero number of grantees defaulting the loan	• # monitoring visits to the loan grantees • # of granted facilities receiving TA, • Zero number of grantees defaulting the loan	OHSS $250,000	OHSS	13045 , TBD		X	X	X	X	X
Increase access to essential health services through the private sector	• Expanding HIV care and treatment to the private sector in scale-up geographic areas • assured access to priority public health services through the provision of technical support to 203 high yielding private health facilities • strengthened FMHACA to implemented standards • 15 standards of FMHACA approved by Standard agency • PPPH Unit at the FMOH strengthened	• Expanding HIV care and treatment to the private sector in priority geographic areas • assured access to priority public health services through the provision of technical support to 203 high yielding private health facilities • strengthened FMHACA to implemented standards • PPPH Unit at the FMOH strengthened	OHSS $350,000	OHSS	13045 , TBD		X	X	X	X	X
Improve capacity of private health facility and professional associations	• Enhance the private health sector engagement in health policy dialogue • Enhance programmatic engagements of provider and professional associations in	• Enhance the private health sector engagement in health policy dialogue • Enhance programmatic engagements of provider and professional	OHSS $350,000	OHSS	13045 , TBD		X	X	X	X	X

	HIV/AIDS programs	associations in HIV/AIDS programs									
Commodity Security and Supply Chain											
Commodity Security and Supply Chain: ensure a secure, reliable and adequate supply of quality products are available in Ethiopia, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, care and treatment.	• Continuous availability of quality assured HIV/AIDS commodities for the national program. • PEPFAR commodities are cleared and delivered to PFSA warehouses in a timely manner. • PEPFAR commodities are distributed and utilized as per plan.	• Continuous availability of quality assured HIV/AIDS commodities for the national program. • PEPFAR commodities are cleared and delivered to PFSA warehouses in a timely manner. • PEPFAR commodities are distributed and utilized as per plan.	OHSS $9,000,000	OHSS	14354 17265	Commodity and Supply chain 8.7	X	X	X	X	X
Commodity Security and Supply Chain: ensure reliable Supply chain data information systems are in place to provide FMOH with stock information for management and planning purposes.	• Facilitate accurate and timely data reporting at ART and PMTCT facilities through institutionalizing IPLS and HCMIS pharmaceutical logistics data acquisition systems. • 500 professionals trained on IPLS. PFSA staff trained on HCMIS	• Provide continuing TA to ensure IPLS and HCMIS skills and capacity are institutionalized within FMOH, RBH and individual sites.	OHSS	OHSS	14354 17265	Commodity and Supply chain 8.7	X	X	X	X	X
Commodity Security and Supply Chain: ensure reliable distribution of quality products, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, care and treatment.	• PEPFAR commodities distributed and utilized per plan. • PMTCT equipment and lab machine installation as per plan. 500 regional and site professionals trained in pharmaceuticals supply chain management. • 30 professionals from PFSA, FMOH trained in	• PEPFAR commodities distributed and utilized per plan. • PMTCT equipment and lab machine installation as per plan. • Regional Health Bureaus and site professionals trained in pharmaceuticals supply chain management.	OHSS	OHSS	14354 17265	Commodity and Supply chain 8.7	X	X	X	X	X

	TOT										
Commodity Security and Supply Chain: ensure, host country efficiently manages product selection, forecasting and supply planning, and procurement.	• PFSA leads quantification and supply planning. Updated quantification report and supply plan. • 13 FMOH/PFSA staff trained in quantification principles and application of quantification tools. Annual procurement plan, quarterly updates.	• Provide continuing TA to ensure PFSA's skills are institutionalized.	OHSS	OHSS	14354 17265	Commodity and Supply chain 8.7	X	X	X	X	X
Commodity Security and Supply Chain: ensure host country efficiently manages warehousing and inventory management and transportation	• Storage and distribution SOPs revised. • Curriculum on Pharmaceuticals Warehouse Operation Management training developed. • Equipment redeployed from temporary warehouses to new warehouses. • Commodities relocated to new warehouses and old space released.	• Continue supporting PFSA in transition from PEPFAR supported warehouses, to PFSA warehouses.	OHSS	OHSS	14354 17265	Commodity and Supply chain 8.7	X	X	X	X	X
Commodity Security and Supply Chain: ensure host country has a secure waste management system for the deposal of expired or damaged health commodities.	• Develop a strategy and proposal on environmental best practices for disposal of unusable commodities, expired products, and pharmaceuticals waste.	• Support GOE with the implementation of the developed strategy	OHSS $33,000	OHSS	14354	Commodity and Supply chain 8.7	X	X	X	X	X

7.0 Staffing Plan

In preparation for COP15, agencies conducted a Level of Effort (LOE) analysis to document the impact of COP 14 and 15 program pivots on staffing needs by program area. The required staffing database accompanying this submission demonstrates that staffing structures across agencies have been significantly realigned and closely mirror new program priorities. Development of the SIMS Action Planner (SAP) also helped to clarify, align, and sometimes repurpose staffing roles to match the shift in core, near-core and non-core activities. A number of recent developments will directly affect the cost of doing business in Ethiopia. Implementation of the Site Improvement through Monitoring System (SIMS) has significant implications for staffing and time allocation for all agencies. USAID is proposing to hire four new locally employed agency staff as well as a third-party contractor to support implementation because they start with a smaller staffing 'footprint' and are required by interagency realignment to cover a larger number of community-based implementation sites. CDC has a larger footprint and fewer sites so is able to accommodate SIMS requirements by sharing monitoring duties across existing staff. The recent 42% increase in LES salaries and the 74% increase on capital security costs sharing (CSCS) have added arguably overdue but still significant costs for retaining PEPFAR's excellent locally employed staff.

APPENDIX A

Table A.1 Program Core, Near-core, and Non-core Activities for COP 15

Level of Implementation	Core Activities	Near-core Activities	Non-core Activities
Site level	x	x	
Sub-national level	x	x	
National level	x	x	

Table A.2 Program Area Specific Core, Near-core, and Non-core Activities for COP 15

Prevention	Core Activities	Near-core Activities	Non-core Activities
HCT	• Training in provision of HCT services • Procurement of HIV RTKs and related supplies for HCT programs • Support referral and tracking of HIV Positive clients to HIV care and treatment services • support assisted disclosure to PLHIV to create demand and do partner and family testing • Targeted testing for Key and priority population • Index case testing • Promotion/advocacy to create demand and increase uptake HCT among • key and priority population • Partner and families of PLHIV	• Printing and distribution of national HCT guidelines	

	• QA and QI of HCT services • Data analysis and use • Targeted HIV testing in high yield service delivery outlets • Targeted HIV testing for high HIV yield sites for patients with TB, STI, OI and other symptoms of HIV • Targeted pediatric PICT at health facility entry points • Printing and distribution of job aids on quality HCT services		
Blood Safety		• Supporting a nationally-coordinated blood safety program to ensure accessible, safe and adequate blood supply at all levels • Support IEC/BCC activities for Voluntary Non-Remunerated Donor education and recruitment • Support activities improving blood safety total quality system (Accreditation and EQA) • Revise blood safety guidelines, standards, SOPs strategic plans and policies • Improving quality of blood collection and blood testing (transfusion-transmissible infections) • Training on appropriate clinical use of blood for clinicians working in hospitals. • equipment for blood storage and distribution • on blood banking and lab procedures • Establish/strengthen transfusion committees in transfusion hospitals and provide training on transfusion procedures and haemovigilance • Procure and distribute key blood bank equipment, test kits and supplies. • Strengthen/ improve data capturing and reporting system with IT system and training for improved program management.	
HMIN	• Targeted infection prevention commodity procurement		

HVOP	• STI screening, diagnosis and treatment or syndromic management based on updated national guideline • Targeted behavioral intervention for key population • Targeted behavioral interventions for priority population; • Refugees in Gambella • Uniformed services • Mobile/seasonal workers Inmates • Vulnerable adolescent girls • People in transactional sex • Discordant couple • Divorced and widowed • Peer education and community mobilization • Supporting key and priority populations friendly service outlets • Training on STI and HTC • STI kit procurement and distribution • Targeted condom procurement, supply and distribution • Quality and quality improvement of HTC services • Gender based interventions targeting key and priority populations • Support on data generation, analysis and use among key and priority populations	• School based HIV prevention program	
VMMC		• Provide the minimum package of VMMC services • Procure and distribute VMMC kits, supplies and relevant commodities • Linkages to treatment/ Care services for men who test HIV+ • training on MC procedures, adverse event and safety • Targeted demand creation for comprehensive VMMC service provision in Gambella	
Care and Treatment	**Core Activities**	**Near-core Activities**	**Non-core Activities**

Adherence Support / Case management	Improves retention of ART (and pre-ART) patients in care and treatment services, and optimize adherence. Case management activities contribute to fighting stigma and discrimination, and further strengthen activities in preventing HIV transmission to other uninfected individuals through enhancing disclosure, achieving virology suppression by optimizing adherence, and promoting responsible healthy living.	facilitating linkages between services, and identification and tracking of ART patients in the community who are "lost-to-follow-up",	
NACS and food	Includes nutritional assessment and counseling services, and provision of nutritional support to those malnourished PLHIV		
OI Drugs	Intensify prescription of co-trimoxazole prophylactic therapy (CPT) to eligible PLHIV: consider CPT as one of the quality monitoring indicators and review its performance regularly.		
Pain assessment & management	Strengthen pain assessment and management services for PLHIV and improve their access to pain medication including morphine.		
Basic Preventive care package	Ensure availability, distribution, and utilization of Basic Preventive Care package (BPCP) and training will be provided to health professionals on BPCP.		
PHDP	Strengthen PHDP (PwP) prevention messages and services	PHDP in Community	

Pediatric care and Support	Work to ensure provision of nutritional assessment and counseling services for HIV exposed/infected children and infants, and supply job aids. •Ensure provision of micronutrients and nutrition supplementation. •Support sites to perform early infant diagnosis. •Promote prophylaxis and treatment for opportunistic infections in accordance with national guidelines. •Use of PCTX for HIV-positive children, and for HIV-exposed infants especially at those sites not yet providing ART. •Provide screening and isoniazid prophylaxis (IPT) which will be promoted and provided for HIV-positive children. • Ensure a regular supply of drugs for OI and pain management, malaria prevention and de-worming, and work to sensitize the community on PC care through preparation and distribution of IEC/BCC on pediatric care and support materials targeting children.	Strengthen referral and linkages with community based support groups for adherence counseling and psychosocial support	
Case management and adherence support	Improves retention of ART (and pre-ART) patients in care and treatment services, and optimize adherence. Trained case managers and adherence supporter's work on adherence counseling, facilitating linkages between services, and identification and tracking of ART patients who are "lost-to-follow-up", which are critical in minimizing patient attrition and optimizing adherence to ART. Case management activities contribute to fighting stigma and discrimination, and further strengthen activities in preventing HIV transmission to other uninfected individuals through enhancing disclosure, achieving virology suppression by optimizing adherence, and promoting responsible healthy living.	• Mapping services within targeted communities and developing service directories • Supporting the development of national MIS Training in case management for CHV and voluntary children's officers (including tracing of children LTFU) within PEPFAR catchment areas	

Stable (Inc. Economic Strengthening and social protection support)	• Facilitating group-based Household Economic Strengthening (HES) activities, such as savings groups • Supporting access to and uptake of social protection efforts (such as social grants, cash transfer programs, bursaries, etc.) • Limited and temporary emergency cash (generally required for <10% of cases)	• Supporting market linked vocational training and other individual HES activities • Carrying out market assessments for Income generating Activities (IGAs) • Linking businesses/agricultural projects to markets/value chain development • Targeted food security initiatives	
OVC	**Core Activities**	**Near-core Activities**	**Non-core Activities**
Program/system support			
Healthy (Access to Health/HIV Services)	• Promotion of HIV testing of OVC program participants, including EID, and confirmatory HIV testing • Referral to interventions focused on keeping adolescents HIV-free for those who test HIF-negative, especially adolescent girls, • Coordination with commodity and counseling providers to ensure that dual protection is accessible to adolescent OVC • Integrating ART adherence assessment, counseling and support into routine household support for family members with HIV • Coordination with NACS (E.g. referral of suspected malnutrition, education) • Facilitating uptake of and monitoring completion of referrals for: Nutrition and food security programs, TB/HIV testing, treatment and care services for all children and partners of index cases, Child survival services, Age specific health care needs Adolescents for SRH and FP services, especially adolescent girls, and immunization for Under 5's.	• Establish and strengthening referral mechanisms and other systems to ensure cross referrals between clinic and social services (cross-referrals) • Providing HH supplies such as blankets and mattresses • Carrying out home visits solely for the purpose of clinical linkages • Providing food package	
Safe (Protection & Psychosocial Support)	• Supporting community and national level child protection/ GBV prevention and response activities, and referrals to other services • Supporting clinic-based child abuse and GBV response services (including	• Strengthening government-managed and case management systems to prevent and respond to child abuse and support family placement and permanency for children • Strengthening structures for community-based mediation of child abuse cases	

	emergency medical services/PRC) • Addressing psycho-social health among children and their caregivers through individual, group-based and relationship based activities • Succession planning and Permanency support • Positive Parenting skills (including discipline, communication on adolescent risk, HIV disclosure) • Support to "safe spaces" approach for adolescents at high risk especially girls (i.e., street children, domestic workers) • Professional Development for social and para-social workers in child protection, GBV and permanency	• M&E systems for National child protection/ social welfare efforts • Supporting advocacy and policy efforts to improve safety of children from violence	
Schooled (Education)	• Based on analysis of gender disparities in completion rates (primary and secondary levels) identify key at risk groups for education support • Facilitating access to primary and secondary education through temporary and targeted support • Providing temporary school block grants to promote enrollment and progression • School-based psychosocial support and safety from violence • Supporting early childhood development (ECD) – (in coordination with PMTCT & Pediatric HIV) • Integrating ECD into HIV care & treatment for children under five	• Facilitating access to primary (and secondary education for girls) through long-term or open-ended subsidies • Providing long-term or open-ended school block grants or support for ECD centers • Improving education quality, especially making classroom environments gender and HIV sensitive • Supporting community education councils and PTAs to provide support to OVC	
Lab.	**Core Activities**	**Near-core Activities**	**Non-core Activities**
Lab Reagents & POC diagnostics and laboratory systems support	-Enrollment of laboratories in continuous quality improvement process including WHO/AFRO step-wise laboratory accreditation with prioritization of scale up sites - Strengthen national and regional external quality assessment - Implement comprehensive equipment maintenance strategy -specimen transportation and laboratory		

	networking - Support scale up of viral load and EID testing - Strengthen microbiology laboratory services critical to HIV care and treatment - technical support to the scale up of GeneXpert implementation - support implementation of laboratory information system - Procurement of critical HIV program commodities (Viral load, ART monitoring, EQA panels and HIV drug resistance reagents		
HSS	• Pre-service education of priority needs of health care workers for public and uniformed services. • In service training (Guidelines, materials, TOT, & establishment of training units) • Strengthening implementation of HRIS • HIV/AIDS quality improvement • Health Sector Financing Reform • Pharmaceuticals and Service improvement (QA and information system) • Supply chain TA	• Leadership and governance • TA to Private Health Sector Service	

Table A.3 Transition Plans for Non-core Activities

Transitioning Activities	Type of Transition	Funding in COP 15	Estimated Funding in COP 16	# of IMs	Transition End date	Notes
Prevention activities for the general population	Transition to the Federal HIV and AIDS Control and Prevention Office	$0	$0	1	March 2015	AIDS resource centers, hotline, radio programs
Direct service delivery for in-school youth	Transition to the Federal Ministry of Education	$0	$0	1	March 2015	
Economic strengthening for people living with HIV	Transition to the Federal HIV and AIDS Control and Prevention Office	$0	$0	1	September 2015	Other core activities in the IM will continue
Technical assistance for public-private partnerships	Transition to USAID, non-PEPFAR funding	$0	$0	1	September 2015	Other core activities in the IM will continue

APPENDIX B

B.1 Planned Spending in 2016

Table B.1.1 Total Funding Level		
Applied Pipeline	New Funding	Total Spend
$US 18,515,306	**$US 175,000,000**	**$US 193,918,930**

Table B.1.2 Resource Allocation by PEPFAR Budget Code		
PEPFAR Budget Code	**Budget Code Description**	**Amount Allocated**
MTCT	Mother to Child Transmission	6,427,549
HVAB	Abstinence/Be Faithful Prevention	16,036
HVOP	Other Sexual Prevention	15,024,246
IDUP	Injecting and Non-Injecting Drug Use	16,036
HMBL	Blood Safety	2,865,555
HMIN	Injection Safety	137,503
CIRC	Male Circumcision	300,513
HVCT	Counseling and Testing	7,339,514
HBHC	Adult Care and Support	17,231,674
PDCS	Pediatric Care and Support	1,635,990
HKID	Orphans and Vulnerable Children	11,306,624
HTXS	Adult Treatment	63,470,250
HTXD	ARV Drugs	5,345
PDTX	Pediatric Treatment	5,315,450
HVTB	TB/HIV Care	5,493,052
HLAB	Lab	4,166,668
HVSI	Strategic Information	9,346,743

OHSS	Health Systems Strengthening	16,330,830
HVMS	Management and Operations	8,570,422
TOTAL		**175,000,000**

B.2 Resource Projections

Resource needs for program activities in the coming implementation year were identified in an iterative process during COP preparation.

As an initial step, budget codes dominated by above-site level activities (e.g. Blood, health systems strengthening, strategic information) were separated from those with MER targets and assigned a preliminary budget placeholder based on COP14 allocations minus a proportional reduction based on overall budget reductions in COP15.

For budget codes having MER indicators, preliminary budget code levels were determined by PBAC output. These were based on inputs for unit expenditure, target size, both adjusted for sustained and scale-up woredas, and manual adjustment of distributions within the budget mapping sheet. By interagency agreement, unit expenditures in most cases were taken directly from FY14 data available in the national unit expenditures sheet of the EA NAV tool (March 9 2015 version). Where UE data in FY14 was incomplete (as in the case of OVC and HVCT) or potentially biased (in the case of adult and pediatric treatment costs due to slow initial spending by regional health bureaus in their start-up year) FY13 unit expenditures were substituted as the nearest approximation. For example, it was observed (and communicated to headquarters) that using FY14 UEs for care and treatment yielded net budgets up to $25 million USD below the treatment earmark if $96 million USD. When FY13 UEs were substituted, projected treatment costs matched the earmark almost perfectly. It was recognized that the true unit expenditures would probably lie somewhere in between first-year RHB estimates and the previous year when international treatment partners were still active in most regions. Given the uncertainties of PBAC estimation and the danger of underfunding critical treatment programs, however, the decision was made to err on the higher side as inputs to PBAC.

The other challenge in arriving at preliminary budget code amounts was to determine differential UEs for scale-up and sustained woredas before the difference between the two was clearly articulated. Solutions to this challenge depended on TWGs. For HVCT, an interagency consensus was developed to recalculate unit expenditures for scale-up vs sustained by assuming all of the targeted testing by NGOs or private sector partners where PEPFAR assumes more of the direct service provision costs would occur in scale-up woredas. Testing in sustained woredas would be limited to routine PITC or VCT in public health facilities where PEPFAR covers only technical assistance costs. Average unit expenditures were

calculated for partners providing DSD ($8 per test) separately from those providing TA to public sector ($1 per test). UEs for scale-up and sustained were then calculated by weighted averages based on volume of TA and DSD testing in sustained.

Adjustments to budget mapping tables were made qualitatively, as designed, with interagency agreement. Targets by contrast were submitted to the PEPFAR Ethiopia Coordination Office by individual agencies, sometimes but not always with interagency consensus.

Once preliminary budget codes were derived from PBAC, final iterations were done at senior level interagency level to rationalize budget code levels with overall budget ceilings and specific budget code earmarks.

APPENDIX C

Sustainability Index

[REDACTED]

APPENDIX D

The CSNU Concept - (Catchment Sub National Unit)

The Catchment Sub National Unit concept assigns "Catchment Population sizes" for the health facilities within an SNU, depending on the number of ART patients they are serving. This concept measures the “drawing power” of a woreda’s facilities and is a function of the number of PLHIV on ART. The larger the number, the greater is the drawing power of the woreda’s facility to attract additional patients. It takes into account the fact that patients cross woreda boundaries to seek care. For example, Addis Ababa and Harar (each treated as a single woreda for planning purposes) already serve more ART patients than the estimated disease burden based on HIV prevalence for their respective resident populations. The catchment population size will be high or low depending on whether the facilities within the woreda serve patients from outside the woreda, or whether patients of the woreda obtain their services elsewhere. A region’s unmet need is defined as the difference between the estimated total number of PLHIV in the region and the number in the region on ART. To calculate the portion of the unmet need that a woreda within the region can be expected to meet, the % of the region’s patients on ART that are treated in a given woreda is multiplied by the unmet need in the region. Hence, the woredas with the largest number of PLHIV on ART are the woredas with the largest “unmet need,” or more specifically with the greatest capacity to meet the region’s unmet need.

This method has its own limitations. It assumes there is unlimited absorptive capacity in the “high volume” woredas. It also assumes that those not currently on treatment will behave in the same manner in choosing treatment location as those currently on treatment. Finally, it assumes equal distribution of unmet need or an “equilibration” of unmet need across woredas; it does not allow for the possibility that there are woredas with a large PLHIV population that is unable to obtain care outside its geographic area but does not utilize the locally available service. Despite these limitations, of five methods considered by an interagency SI team, this method was selected as the one that best reflects current reality.

The SNU Concept assumes that ART services have reached most parts of the country during the last ten years of the PEPFAR program, and that ART coverage rates within each cluster of a region are the same. It also assumes similar coverage patters of other indicators within clusters of the same region. However, it is also possible to accommodate modifications of the catchment PLWHA size, whenever partners working in the field obtain information about any hot spot areas, or areas that require particular attention.

The CSNU concept distributes regional indicators within zones and woredas of the same region, and does not take into consideration any changes across regional services. Special consideration needs to be taken for small regions (particularly those that are solely urban or mainly urban), since these serve many outside region clients, resulting in a calculated “negative unmet need" for those regions (Addis Ababa, Harari, Dire Dawa). Target setting for these regions, which are which are" over saturated" with treatment using this method for calculating unmet need, is discussed in Section 4 (pp. 20-21).

APPENDIX E

ART Targets in Scale-Up SNUs

SNU	Region	Total PLHIV	Expected current on ART (2015)	Additional patients required for 80% ART coverage	Target current on ART (in FY 16)	Newly initiated in FY 16
					TX_CURR	*TX_NEW*
Addis Ababa	Addis Ababa	80251	78111	-13910.3	87,098	12,139
Amibara	Afar	833	244	422	308	76
Asayita	Afar	2,514	742	1,269	935	230
Awash Town	Afar	1,856	548	937	775	192
Dubti	Afar	4,162	1,232	2,098	1,741	430
Mile	Afar	733	216	370	273	68
Semera Logia Town	Afar	2,185	652	1,096	822	203
Amibara	Afar	833	244	422	308	76
Addis Zemen Town	Amhara	1,076	823	38	918	129
Adet Town	Amhara	1,287	962	68	1,072	149
Ataye Town	Amhara	858	616	70	687	96
Aykel Town	Amhara	869	654	41	729	102
Bahir Dar Liyu	Amhara	13,619	10,248	647	11,427	1,593
Bati Town	Amhara	1,048	796	42	888	125
Bichena Town	Amhara	1,718	1,299	75	1,449	203
Bure Town	Amhara	1,562	1,186	64	1,322	184
Chagni Town	Amhara	1,260	946	62	1,055	148
Debark Town	Amhara	1,511	1,133	76	1,264	177
Debre Birhan Town	Amhara	2,580	1,906	158	2,125	296
Debre Markos Town	Amhara	5,499	3,989	410	4,448	620
Debre Tabor Town	Amhara	2,880	2,124	180	2,368	330

Dejen Town	Amhara	911	690	39	769	107
Dembia	Amhara	1,302	956	86	1,066	149
Dengila Town	Amhara	1,344	986	89	1,099	153
Dese Town	Amhara	13,410	10,029	699	11,183	1,559
Enjibara Town	Amhara	1,355	1,019	65	1,137	160
Finote Selam Town	Amhara	2,377	1,761	141	1,964	275
Gonder Town	Amhara	10,790	7,869	763	8,774	1,223
Hayik Town	Amhara	1,691	1,266	87	1,412	198
Kalu	Amhara	1,394	1,034	81	1,153	161
Kemisie Town	Amhara	1,362	1,012	78	1,128	157
Kobo Town	Amhara	2,199	1,612	147	1,797	251
Kombolcha Town	Amhara	4,918	3,790	144	4,226	589
Lalibela Town	Amhara	1,621	1,178	119	1,314	184
Legambo	Amhara	2,053	1,524	118	1,699	237
Marawi Town	Amhara	846	624	53	696	98
Mekane Selam Town	Amhara	1,720	1,285	91	1,433	200
Mekaneyesus Town	Amhara	1,048	787	51	878	123
Meket Town	Amhara	1,065	792	60	883	123
Merab Armacho	Amhara	1,000	742	58	827	115
Mersa Town	Amhara	2,178	1,630	112	1,818	254
Metema	Amhara	3,059	2,331	116	2,599	363
Mota Town	Amhara	2,264	1,651	160	1,841	257
Nifas Mewcha Town	Amhara	1,151	836	85	932	130
SekotaTown	Amhara	962	715	55	798	112
Shewa Robit Town	Amhara	1,633	1,229	77	1,371	192
Simada	Amhara	1,338	985	85	1,098	153

Tenta	Amhara	1,269	928	87	1,035	145
Were Ilu	Amhara	1,283	961	65	1,072	150
Woldiya Town	Amhara	6,912	5,115	415	5,704	796
Woreta Town	Amhara	1,844	1,340	135	1,494	209
Assosa Town	Benishangul-Gumuz	2,404	1,279	644	1,537	320
Pawe	Benishangul-Gumuz	1,655	899	425	1,069	213
Dire Dawa Town	Dire Dawa	7,856	5,908	377	6,587	918
Harari	Harari	3,760	3952	0	4,079	569
Abobo	Gambella	1,109	311	576	393	98
Dima (Gambella)	Gambella	1,882	555	951	700	173
Gambella	Gambella	5,235	1,527	2,661	1,925	476
Godere	Gambella	963	293	477	368	90
Gog	Gambella	3,247	933	1,665	1,177	291
Abey Chomen	Oromia	1,564	880	371	1,029	189
Ada Berga	Oromia	1,824	1,014	445	1,193	225
Adama	Oromia	1,254	698	305	821	155
Adama Town	Oromia	18,779	10,636	4,387	12,391	2,232
Adami Tulu Jido Kombolcha	Oromia	1,861	1,051	438	1,227	223
Adola Town	Oromia	1,640	953	359	1,097	186
Agaro Town	Oromia	1,181	684	261	789	135
Ambo Town	Oromia	4,950	2,723	1,237	3,218	622
Arsi Negele	Oromia	788	443	187	518	95
Asela Town	Oromia	6,432	3,550	1,596	4,189	803
Babile (Oromia)	Oromia	880	489	215	575	109
Becho	Oromia	790	436	196	515	99

Bedele Town	Oromia	1,260	720	288	836	148
Bishoftu Town	Oromia	6,502	3,595	1,607	4,238	809
Bokoji Town	Oromia	885	489	219	577	111
Boset	Oromia	1,497	891	307	1,014	161
Bule Hora	Oromia	1,668	926	408	1,090	206
Burayu	Oromia	1,052	552	290	668	143
Chiro Town	Oromia	1,514	863	348	1,003	178
Denbi Dollo Town	Oromia	1,615	863	429	1,035	213
Dendi	Oromia	1,221	671	306	794	154
Dodola	Oromia	1,038	573	257	676	130
Dodota	Oromia	918	500	234	594	118
Dugda	Oromia	1,571	868	389	1,024	196
Dukem Town	Oromia	1,067	606	248	706	127
Fiche Town	Oromia	2,879	1,620	683	1,894	347
Gida Ayana	Oromia	1,515	863	349	1,003	179
Gimbi Town	Oromia	1,879	1,053	450	1,234	228
Ginir	Oromia	1,054	582	261	687	132
Goba Town	Oromia	3,145	1,712	804	2,034	402
Habro	Oromia	1,005	563	241	660	122
Holeta Town	Oromia	1,524	851	368	999	187
Jeldu	Oromia	855	469	215	555	108
Jimma Town	Oromia	6,851	3,869	1,612	4,514	819
Kore	Oromia	851	498	183	572	95
Kuyu	Oromia	1,844	1,016	459	1,200	231
Legehida (Oromia)	Oromia	1,518	872	342	1,009	176
Limu Kosa	Oromia	867	497	197	576	101

Merti	Oromia	850	477	203	559	103
Metehara Town	Oromia	1,657	945	381	1,098	195
Metu Town	Oromia	2,284	1,266	561	1,491	283
Mojo Town	Oromia	3,270	1,861	755	2,163	386
NegeleTown	Oromia	1,407	794	332	927	169
Nejo Town	Oromia	997	562	236	657	120
Nekemte Town	Oromia	4,777	2,649	1,173	3,119	591
Odo Shakiso	Oromia	2,071	1,193	464	1,379	239
Robe	Oromia	2,479	1,365	618	1,613	311
Sebeta Town	Oromia	1,703	988	374	1,138	193
Shambu Town	Oromia	1,134	628	279	740	141
Shashemene Town	Oromia	4,528	2,533	1,089	2,969	551
Sululta Town	Oromia	1,174	661	278	773	142
Woliso Town	Oromia	3,545	1,952	884	2,306	444
Yabelo Town	Oromia	948	537	221	626	113
Bako Tibe	Oromia	694	386	169	518	93
Arbaminch Town	SNNPR	5,105	1,857	2,227	2,341	578
Boditi Town	SNNPR	672	246	292	310	76
Boloso Sore	SNNPR	972	333	445	419	103
Bonga Town	SNNPR	1,706	635	730	801	198
Butajira Town	SNNPR	2,160	804	924	1,013	249
Cheha	SNNPR	1,735	616	772	775	190
Chena	SNNPR	2,640	994	1,118	1,252	309
Chencha	SNNPR	1,065	383	469	483	119
Denibu Gofa	SNNPR	905	336	388	423	103
Dila Town	SNNPR	4,529	1,644	1,979	2,072	511

Durame Town	SNNPR	3,775	1,310	1,710	1,652	408
Hawassa Town	SNNPR	12,911	4,724	5,605	5,954	1,470
Jinka Town	SNNPR	2,978	1,097	1,285	1,382	341
Masha Town	SNNPR	1,944	721	834	909	225
Mizan Aman Town	SNNPR	5,647	2,077	2,441	2,618	646
Sodo Town	SNNPR	5,126	1,827	2,274	2,302	568
Tepi Town	SNNPR	3,012	1,123	1,287	1,417	351
Welkite Town	SNNPR	1,012	376	434	474	117
Yirga Alem Town	SNNPR	4,782	1,806	2,020	2,277	562
Yirgachefe Town	SNNPR	882	325	381	409	101
Alaba	SNNPR	806	290	355	338	84
Awubere	Somali	1,031	66	759	82	20
Gode Town	Somali	2,617	180	1,914	226	55
Jijiga Town	Somali	20,692	1,411	15,143	1,780	440
Kebri Beyah	Somali	984	64	723	80	20
Kebridehar Town	Somali	1,078	75	787	96	25
Adi Haki	Tigray	-	-	-	-	-
Adigrat Town	Tigray	2,524	1,900	119	2,119	296
Adwa Town	Tigray	1,760	1,331	77	1,484	207
Alamata Town	Tigray	4,198	3,171	187	3,536	493
Axum Town	Tigray	1,853	1,383	99	1,542	215
Ayder	Tigray	-	-	-	-	-
Hadinet	Tigray	11,785	8,787	641	9,798	1,366
Hawilti	Tigray	-	-	-	-	-
Humera Town	Tigray	2,801	2,142	99	2,388	333
Kafta Humera	Tigray	1,139	877	34	978	137

Kedamay Weyane	Tigray	-	-	-	-	-
Korem Town	Tigray	829	641	22	714	99
Maychew Town	Tigray	2,251	1,682	119	1,875	261
Quiha	Tigray	-	-	-	-	-
Raya Azebo	Tigray	2,651	1,950	171	2,174	303
Semen	Tigray	-	-	-	-	-
Shire Endasilasie Town	Tigray	1,956	1,462	103	1,630	227
Wukro Town	Tigray	1,831	1,368	97	1,526	214
Ahiferom*	Tigray	468	343	31	-	-
Tsegede*	Tigray	785	582	46	-	-
					-	-
Total		**480,611**	**301,035**	**84,398**	**345,218**	**56,449**

**** Some of the Woredas (SNU 3) are added (following a review of the Classification with the Ministry) after the initial set of scale-up SNU have been decided and aggregate targets at SNU 1 and national levels were finalized with full consideration of the care cascade from different entry points (with support of the TDY). We have decided to maintain the initial aggregate targets at SNU 1 and national levels with the same assumptions for the care cascade and patient uptake at the catchment and regional (SNU 1) level. Therefore, we have not put additional patient numbers to the targets, and these added Woredas will share the targets initially assigned to their respective catchments and/or regions. For some of the Woredas, because of absence of historic data, no specific target is assigned at this point. But, these Woreds will have assigned targets with due consideration of approved Country and Implementing Partner (IM) level Totals in discussion with the respective implementing partner.*

APPENDIX F

Outlier analysis

Table F1

Summary of Ethiopia outlier analysis from FY14									
Program area	Notes	Avg UE	Outlier threshold	Outlier / avg UE ratio	UE minus outliers	% change in UE by excluding outliers	% reached in outlier range	% spend in outlier range	total spend in outlier range
Pre-ART	excl. food l	$ 46.24	$ 231	5.0	$ 45	-3%	2.5%	29%	$ 421,123
ART all ages	2013 data	$ 79.87	$ 209	2.6	$ 67	-17%	2.7%	30%	$ 5,147,299
PMTCT HTC test		$ 2.35	$ 12	5.0	$ 2	-24%	0.9%	25%	$ 364,610
PMTCT HTC positive		$ 330.78	$ 1,000	3.0	$ 232	-30%	6.9%	35%	$ 507,319
PMTCT B+		$ 140.36	$ 500	3.6	$ 135	-4%	0.8%	4%	$ 34,220
HTC gen pop	missing ICA	$ 1.55	$ 8	5.0	$ 1	-54%	0.6%	10%	$ 253,579
HTC key pop		$ 6.85	$ 20	2.9	$ 5	-32%	4.0%	19%	$ 910,537
HTC gen pop pos	Missing ICA	$ 99.88	$ 200	2.0	$ 71	-29%	5.3%	35%	$ 856,117
HTC k-p pop pos	missing EN	$ 612.44	$ 2,000	3.3	$ 444	-28%	7.5%	32%	$ 1,203,914
Total (including costs per test, not costs per positive)									**$ 7,131,367**

Table F1 summarizes outlier analysis for 6 major program areas: all-age pre-ART, all-age ART, PMTCT testing, PMTCT B+ treatment, and HTC gen pop and key/priority population testing. Testing outcomes are subdivided into cost per test and cost per positive test. All values are taken from the EA-NAV tool for each specific program area. As a default, outlier thresholds were set at 5 times the average unit expenditure. In selected cases, outlier thresholds were set arbitrarily based

on natural breakpoints in the distribution of unit expenditure data. These are specified in the table above. It should also be noted that UE data had important gaps in some program areas. For example, ICAP which was the largest single supporter for TA to HTC in the public sector did not report HTC costing data, which is certain to bias any resulting analysis. In other cases, EA nav. tool data were subdivided to create homogenous subgroups (for example with gen pop vs priority population testing, or excluding food by prescription from pre-ART costs).

Figures in Table F1 show a wide range of influence of outlier observations on average unit expenditures. Least affected by outlier costs were the PMTCT B+ costs, where outlier spend (even set at less than 5 times average unit expenditure) accounts for only 4% of total spend to reach 0.8% of total targets. Removing all outlier costs for PMTCT B+ would only save $34 thousand dollars. At the other extreme, ART outlier costs account for 30% of total ART expenditures to reach less than 3% of targets. Removing all outlier costs would save PEPFAR over $5 million USD. In general outlier expenditures account for a higher percentage of total programs spends for obtaining HIV positive test results. This is likely to reflect the effect of high-cost testing services in low-yield populations which is a common challenge for the Ethiopia testing program.

Efficiency Analysis: Provide a plan to bring outlier IMs/partners closer to the median unit expenditure

September 2015

PEPFAR Ethiopia will work with its Expenditure Analysis (EA) advisor to develop an outlier inventory / tracking mechanism by the time of the first quarterly review
The tracking mechanism will use FY2014 EA data to determine outliers. The tracking mechanism will be used to:

- look at trends in outliers by IM over time
- identify reasons for outliers where appropriate (e.g. low yield leading to increased UE)
- identify actions already taken to address outliers (e.g. transition from international to local partner, shifting away from low yield/low volume sites)
- identify additional actions that can be taken to address outliers and provide timeframes for such actions
- note outliers that may be justifiable

October 2015 – January 2016

Work with outlier IMs/partners to better trace expenditure trends within the IM, develop a better understanding of outliers, and identify remedial actions that can be taken

February – April 2016

Analyze FY15 EA data to assess:

- Identify outliers in FY15
- trends in outliers identified in FY14 and impact of any programmatic changes made
- determine additional actions that may be required

Incorporate FY15 EA data into COP16 planning
Update tracking mechanism with FY2015 EA data

Ethiopia COP15 Targets by Woreda: Clinical Cascade

	Number of individuals who received HIV Testing and Counseling services for HIV and received their test results	Number of HIV-positive adults and children newly enrolled in clinical care who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of HIV positive adults and children who received at least one of the following: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of adults and children newly enrolled on antiretroviral therapy (ART)	Number of adults and children currently receiving antiretroviral therapy (ART)
Abala	3,570	7	63	7	59
Abaya	4,379	9	82	9	77
Abe Dongoro	2,730	12	111	12	103
Abergele	3,175	11	73	8	68
Abeshge	-	-	-	-	-
Abey Chomen	13,031	227	1,219	208	1,115
Abi Adi Town	9,180	87	750	86	707
Abichu Gnaa	3,118	22	183	21	171
Abobo	6,404	113	475	107	437
Abuna Gendeberet	-	-	-	-	-
Ada Berga	19,848	266	1,424	244	1,304
Ada'a	2,096	7	69	7	65
Adaba	12,975	64	565	63	528
Adadle	-	-	-	-	-
Adama	26,934	182	981	166	897
Adama Town	93,444	2,688	14,452	2,704	13,491
Adami Tulu Jido Kombolcha	9,048	24	111	22	102
Ada'ar	-	-	-	-	-
Addis Ketema Woreda 1	8,464	317	2,377	311	2,183
Addis Ketema Woreda 10	-	-	-	-	-
Addis Ketema Woreda 2	-	-	-	-	-
Addis Ketema Woreda 3	540	-	-	-	-
Addis Ketema Woreda 4	18,609	324	2,411	317	2,216
Addis Ketema Woreda 5	-	-	-	-	-
Addis Ketema Woreda 6	2,389	-	4	7	13
Addis Ketema Woreda 7	10,675	191	1,429	187	1,315
Addis Ketema Woreda 8	12,765	151	1,139	331	1,204
Addis Ketema Woreda 9	729	-	-	-	-
Addis Zemen Town	7,259	125	975	130	944
Adet Town	7,220	153	1,172	159	1,136
Adi Arkay	5,775	34	301	33	282
Adi Haki	10,120	-	-	-	-
Adigrat Town	16,446	259	2,183	401	2,180
Adola	2,771	10	87	10	81
Adola Town	16,838	236	1,273	215	1,160
Adwa	-	-	-	-	-
Adwa Town	13,146	181	1,526	210	1,462
Afambo	-	-	-	-	-
Afdem	-	-	-	-	-
Afdera	1,644	-	-	-	-
Afker	-	-	-	-	-
Agalo Meti	-	-	-	-	-
Agarfa	3,110	20	173	20	163
Agaro Town	10,373	170	919	155	837
Ahiferom	6,977	47	405	55	389
Akaki	-	-	-	-	-
Akaki Kality Woreda 1	17,600	348	2,202	344	2,020
Akaki Kality Woreda 10	-	-	-	-	-
Akaki Kality Woreda 11	552	-	-	-	-
Akaki Kality Woreda 2	550	-	-	-	-
Akaki Kality Woreda 3	-	-	-	-	-
Akaki Kality Woreda 4	-	-	-	-	-
Akaki Kality Woreda 5	550	-	-	-	-
Akaki Kality Woreda 6	16,093	348	2,604	341	2,390
Akaki Kality Woreda 7	8,721	227	1,707	223	1,569
Akaki Kality Woreda 8	428	-	-	-	-
Akaki Kality Woreda 9	-	-	-	-	-
Akobo	-	-	-	-	-
Alaba	17,921	109	480	92	379
Alamata Town	17,144	424	3,618	493	3,464
Albuko	7,562	68	591	66	552
Ale (Oromia)	2,515	32	282	31	263
Ale (SNNPR)	-	-	-	-	-
Alefa	4,369	31	274	30	256
Aleltu	1,519	10	84	10	79
Alem Ketema Town	7,562	81	713	79	666
Aleta Wondo	-	-	-	-	-
Aleta Wondo Town	3,806	39	341	36	313

Ethiopia COP15 Targets by Woreda: Clinical Cascade

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Alge Sachi	-	-	-	-	-
Alicho Werero	-	-	-	-	-
Amaro	735	9	78	8	72
Ambasel	7,488	97	848	95	793
Ambo Town	22,524	726	3,873	665	3,548
Ambo Zuria	-	-	-	-	-
Ameya	2,703	18	163	18	152
Amibara	11,876	85	354	82	323
Amigna	1,317	9	85	9	79
Amuru	1,556	4	43	4	40
Analimo	-	-	-	-	-
Anchar	-	-	-	-	-
Anderacha	412	-	-	-	-
Aneded	5,460	25	222	24	206
Anfilo	3,324	23	200	22	187
Angacha	-	-	-	-	-
Angolala Tera	5,313	17	153	17	143
Ankasha Guagusa	9,291	54	468	54	436
Ankober	3,199	12	117	12	110
Antsokiya Gemza	7,760	55	471	53	441
Arada Woreda 1	13,488	-	-	16	46
Arada Woreda 10	3,026	-	-	-	-
Arada Woreda 2	575	-	-	-	-
Arada Woreda 3	1,160	-	-	10	28
Arada Woreda 4	11,909	297	2,216	293	2,037
Arada Woreda 5	4,067	-	-	-	-
Arada Woreda 6	15,239	445	3,310	438	3,079
Arada Woreda 7	22,142	354	2,984	359	2,763
Arada Woreda 8	7,092	-	-	-	-
Arada Woreda 9	-	-	-	-	-
Ararso	-	-	-	-	-
Arbaminch Town	41,996	602	2,962	584	2,398
Arbaminch Zuriya	-	-	-	-	-
Arbegona	-	-	-	-	-
Areka Town	9,370	31	150	31	127
Arero	1,191	6	56	6	52
Argoba Liyu	-	-	-	-	-
Argoba Liyu- Gachene	-	-	-	-	-
Aroresa	-	-	-	-	-
Arsi Negele	12,289	114	615	105	562
Artuma Fursi	-	-	-	-	-
Asagirt	-	-	-	-	-
Asayita	17,513	255	1,069	247	975
Asegede Tsimbila	10,345	31	265	71	475
Aseko	-	-	-	-	-
Asela Town	25,244	945	5,037	868	4,617
Assosa	-	-	-	-	-
Assosa Town	28,404	367	1,779	338	1,619
Ataye Town	9,146	107	788	111	764
Atsbi Wonberta	8,051	78	668	77	629
Awabel	80,499	84	737	82	689
Aware	-	-	-	-	-
Awasa Zuria	-	-	-	-	-
Awash Fentale	1,262	-	-	-	-
Awash Town	10,105	187	789	181	719
Aweday Town	-	-	-	-	-
Awra	-	-	-	-	-
Awubere	8,430	22	91	26	83
Axum Town	30,593	189	1,601	219	1,534
Ayder	6,341	241	1,132	392	1,485
Ayida	-	-	-	-	-
Ayira	5,897	35	308	34	287
Ayisha	-	-	-	-	-
Aykel Town	4,780	103	791	107	766
Babile (Oromia)	19,705	128	687	117	630
Babile (Somali)	-	-	-	-	-
Babo Gambel	-	-	-	-	-
Bahir Dar Liyu	81,580	1,618	12,428	2,074	12,064
Bahir Dar Zuria	3,503	10	80	10	75
Bako Tibe	6,808	105	549	96	502

Ethiopia COP15 Targets by Woreda: Clinical Cascade

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Bambasi	2,163	36	325	50	305
Banja Shekudad	5,360	11	109	12	102
Bare	-	-	-	-	-
Basketo	1,769	19	169	18	155
Baso Liben	9,352	67	583	65	544
Basona Werana	1,968	7	68	7	63
Bati	1,888	3	32	3	30
Bati Town	4,460	123	952	128	922
Batu (Ziway) Town	29,854	108	558	95	504
Becho	20,196	116	617	106	566
Bedele Town	18,059	182	980	166	894
Bedele Zuria	-	-	-	-	-
Bedeno	-	-	-	-	-
Bedesa Town	5,947	29	254	28	237
Begi	8,227	19	170	19	159
Bele Gasegar	1,678	8	69	8	64
Belo Jegenfoy	-	-	-	-	-
Bena Tsemay	1,390	13	118	12	108
Bensa	408	17	153	16	141
Beranod	-	-	-	-	-
Berbere	4,491	11	94	11	87
Bereh	-	-	-	-	-
Berehet	-	-	-	-	-
Berhile	-	-	-	-	-
Bero	-	-	-	-	-
Beyeda	-	-	-	-	-
Bibugn	4,227	30	257	29	240
Bichena Town	7,530	203	1,561	211	1,512
Bicho	-	-	-	-	-
Bidu	-	-	-	-	-
Bilo Nopha	-	-	-	-	-
Birqod	-	-	-	-	-
Bishoftu Town	41,021	954	5,092	874	4,663
Bita	-	-	-	-	-
Boditi Town	8,423	77	373	77	316
Boh	-	-	-	-	-
Boji Chekorsa	-	-	-	-	-
Boji Dirmej	2,186	13	85	10	75
Boke	-	-	-	-	-
Bokoji Town	8,009	129	692	118	634
Bole Woreda 1	-	-	-	-	-
Bole Woreda 10	3,313	3	22	6	41
Bole Woreda 11	8,909	119	900	117	825
Bole Woreda 12	5,098	20	148	21	139
Bole Woreda 13	-	-	-	-	-
Bole Woreda 14	8,573	102	767	100	703
Bole Woreda 2	9,106	162	1,209	168	1,139
Bole Woreda 3	17,765	401	3,016	404	2,795
Bole Woreda 4	12,452	103	772	113	742
Bole Woreda 5	4,100	2	14	2	13
Bole Woreda 6	8,909	38	290	38	267
Bole Woreda 7	-	-	-	-	-
Bole Woreda 8	-	-	-	-	-
Bole Woreda 9	225	4	12	4	11
Boloso Bonibe	-	-	-	-	-
Boloso Sore	17,863	111	531	111	455
Bona Zuria	2,578	12	106	11	97
Bonga Town	24,034	195	947	194	800
Boniya Bushe	-	-	-	-	-
Bonke	-	-	-	-	-
Bora	-	-	-	-	-
Bore	3,470	17	147	17	137
Borecha	-	-	-	-	-
Boreda	-	-	-	-	-
Borena	7,671	206	1,568	214	1,519
Boricha	996	11	95	10	87
Boset	21,725	212	1,160	192	1,054
Bugna	3,057	37	318	35	297
Bule	-	-	-	-	-
Bule Hora	15,120	244	1,303	223	1,193

Ethiopia COP15 Targets by Woreda: Clinical Cascade

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Bulen	2,891	20	181	20	170
Burayu	11,238	157	828	145	762
Bure (Amhara)	11,532	77	504	116	696
Bure (Oromia)	2,137	18	158	18	147
Bure Mudayitu	750	-	-	-	-
Bure Town	6,722	183	1,418	194	1,380
Burji	-	-	-	-	-
Burka Dimtu	-	-	-	-	-
Bursa	-	-	-	-	-
Butajira Town	35,568	263	1,338	246	1,012
Chagni Town	7,497	149	1,146	155	1,110
Cheha	32,951	216	1,094	199	818
Cheko	4,998	12	111	11	101
Cheliya	4,024	65	562	63	525
Chena	39,236	302	1,491	301	1,257
Chencha	28,382	139	717	121	497
Chere	735	-	1	8	67
Chereti	-	-	-	-	-
Cheta	-	-	-	-	-
Chewaka	-	-	-	-	-
Chifra	2,998	6	51	6	48
Chilga	3,528	11	98	11	92
Chinaksan	-	-	-	-	-
Chiro Town	21,783	218	1,180	199	1,077
Chiro Zuria	-	-	-	-	-
Chole	2,015	14	126	14	117
Chora	2,679	14	120	14	112
Chora Botor	-	-	-	-	-
Dabat	7,449	68	582	66	545
Dabo Hana	-	-	-	-	-
Dale	2,602	-	3	4	11
Dale Sadi	-	-	-	-	-
Dale Wabera	4,718	33	284	32	265
Dali Fage	-	-	-	-	-
Dalocha	-	-	-	-	-
Dalol	-	-	-	-	-
Damot Gale	-	-	-	-	-
Damot Pulasa	-	-	-	-	-
Damot Sore	8,073	12	65	8	60
Damot Woyide	-	-	-	-	-
Danan	-	-	-	-	-
Dangur	3,711	26	229	26	215
Dano	-	-	-	-	-
Danot	-	-	-	-	-
Dara	2,040	11	101	10	93
Daratole	-	-	-	-	-
Darimu	1,078	9	80	9	75
Daro Lebu	-	-	-	-	-
Dasenech	-	-	-	-	-
Dawa Chefa	10,571	51	447	49	418
Dawa Serer	-	-	-	-	-
Dawe Kachen	-	-	-	-	-
Dawnt	4,603	17	124	14	116
Dawo	2,089	15	124	15	116
Debark	-	-	-	-	-
Debark Town	13,166	180	1,375	187	1,332
Debay Tilatgen	11,885	92	805	90	752
Deberelibanos	1,760	6	60	6	56
Debewoin	-	-	-	-	-
Debre Birhan Town	17,288	314	2,361	328	2,288
Debre Elias	6,537	114	1,009	111	940
Debre Markos Town	34,056	731	5,043	703	4,887
Debre Tabor Town	14,284	349	2,631	364	2,557
Debub Achefer	6,598	90	782	88	733
Debub Ari	2,743	13	125	12	114
Debub Bench	10,108	10	50	10	42
Decha	-	-	-	-	-
Deder	-	-	-	-	-
Deder Town	4,308	43	370	42	346
Dedesa	-	-	-	-	-

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Dedo	4,438	13	123	13	115
Dega	-	-	-	-	-
Dega Damot	5,016	29	246	28	230
Degahmedo	-	-	-	-	-
Degasuftu	-	-	-	-	-
Degehabur	-	-	-	-	-
Degehabur Town	3,213	7	43	7	41
Degem	2,743	19	164	19	153
Degua Temben	4,881	10	61	30	258
Deguna Fanigo	600	-	-	-	-
Dehena	7,829	59	494	54	462
Dejen	6,826	55	487	54	455
Dejen Town	5,006	107	827	111	801
Dekisis	1,382	8	77	8	71
Delanta	6,349	69	537	58	507
Dembecha	6,858	17	154	17	144
Dembecha Town	9,205	54	477	53	445
Dembia	11,214	159	1,190	165	1,154
Denbel	-	-	-	-	-
Denbi Dollo Town	9,111	239	1,269	220	1,166
Dendi	12,457	179	955	164	875
Dengila	4,044	11	101	11	96
Dengila Town	8,160	164	1,228	170	1,191
Deniboya	-	-	-	-	-
Denibu Gofa	9,461	103	502	103	424
Dera (Amhara)	16,267	99	854	97	800
Dera (Oromia)	5,315	65	568	63	530
Deramalo	-	-	-	-	-
Dereashe	4,473	25	202	21	186
Dese Town	69,309	1,600	12,164	1,749	11,931
Dese Zuria	4,420	42	371	41	346
Dewe	-	-	-	-	-
Dewe Harewa	-	-	-	-	1
Dhass	-	-	-	-	-
Dibate	3,439	24	217	24	204
Didu	-	-	-	-	-
Diga	3,464	25	213	24	199
Digluna Tijo	8,214	32	281	31	263
Dihun	-	-	-	-	-
Dila Town	41,855	530	2,528	553	2,198
Dila Zuria	-	-	-	-	-
Dillo	-	-	-	-	-
Dima (Gambella)	25,001	192	805	182	736
Dima (Oromia)	-	-	-	-	-
Dinsho	-	-	-	-	-
Dire	3,049	20	175	20	164
Dire Dawa Town	77,031	734	7,567	1,037	7,076
Dita	-	-	-	-	-
Doba	6,008	25	211	24	196
Dodola	19,993	151	812	139	744
Dodola Town	-	-	-	-	-
Dodota	8,993	134	720	123	660
Dolo Mena	3,945	25	214	24	200
Dolo Odo	4,718	10	44	10	40
Dolobay	-	-	-	-	-
Doreni	-	-	-	-	-
Doyo Gena	-	-	-	-	-
Dubti	20,093	421	1,771	408	1,614
Dugda	18,011	231	1,229	214	1,136
Dugida Dawa	-	-	-	-	-
Dukem Town	11,098	154	831	141	759
Dulecha	-	-	-	-	-
Duna	-	-	-	-	-
Durame Town	33,923	189	1,099	125	512
Ebinat	5,239	107	949	104	885
Efrata Gidim	-	-	-	-	-
Ejere	2,027	29	253	28	235
Elahmar	-	-	-	-	-
Elfata	1,552	8	68	8	63
Elidar	-	-	-	-	-

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Elkere	-	-	-	-	-
Elwayne	-	-	-	-	-
Emba Alage	10,756	91	803	90	755
Enarj Enawga	9,054	87	766	84	716
Endamehoni	3,352	23	201	23	189
Endegagn	-	-	-	-	-
Enderta	-	-	-	-	-
Enebse Sar Midir	9,016	92	806	90	753
Enemay	7,024	34	306	33	286
Enemor Ener	889	22	194	20	178
Enjibara Town	7,803	161	1,233	167	1,195
Enkelo Wabe	-	-	-	-	-
Ensaro	-	-	-	-	-
Erebti	-	-	-	-	-
Erer	2,533	6	28	6	25
Erob	1,156	8	99	8	70
Etang	2,905	18	145	28	166
Ewa	-	-	-	-	-
Ezha	2,434	30	254	28	235
Fagita Lekoma	3,475	39	344	38	321
Farta	1,449	2	20	3	20
Fedis	-	-	-	-	-
Fentale	-	-	-	-	-
Ferfer	-	-	-	-	-
Fiche Town	16,796	418	2,246	382	2,053
Fik	-	-	-	-	-
Filtu	-	-	-	-	-
Finote Selam Town	13,419	293	2,169	615	2,181
Fogera	6,763	19	172	21	161
Gambella	28,880	535	2,238	507	2,051
Gambella Zurya	3,836	6	51	6	48
Ganta Afeshum	6,007	21	191	22	188
Gasera	2,183	22	188	21	176
Gashamo	-	-	-	-	-
Gawo Kebe	-	-	-	-	-
Gazgibla	4,569	34	284	32	265
Gechi	2,578	13	113	13	106
Gedeb	-	-	-	-	-
Gedeb Asasa	7,704	37	313	36	293
Geladin	-	-	-	-	-
Gelan Town	-	-	-	-	-
Gelana	1,556	4	44	4	41
Gemches	-	-	-	-	-
Genabosa	-	-	-	-	-
Genida Wuha Town	5,663	15	140	15	130
Genji	-	-	-	-	-
Gera	2,802	-	-	-	-
Gerbo	-	-	-	-	-
Gesha Deka	1,999	9	77	8	71
Geta	-	-	-	-	-
Gewane	2,467	17	135	16	126
Gewata	-	-	-	-	-
Gezegofa	528	11	95	10	87
Gibe (Konteb)	-	-	-	-	-
Gida Ayana	42,295	234	1,184	185	1,080
Gidami	2,460	10	88	10	82
Gidan	1,968	89	655	7	63
Gimbi	-	-	-	-	-
Gimbi Town	23,734	274	1,465	251	1,340
Gimbichu	2,744	26	219	25	205
Gimbo	2,017	13	110	12	101
Ginde Beret	4,663	59	512	58	479
Ginir	16,584	154	823	141	754
Girar Jarso	-	-	-	-	-
Girawa	6,795	16	136	16	127
Girja	-	-	-	-	-
Gishe	2,175	8	73	8	69
Goba	-	-	-	-	-
Goba Town	16,052	462	2,463	424	2,259
Gobu Seyo	-	-	-	-	-

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Gode	-	-	-	-	-
Gode Town	12,345	43	184	43	167
Godere	7,862	100	411	94	375
Gog	20,647	331	1,389	375	1,294
Gola Oda	-	-	-	-	-
Golina	4,627	4	34	4	32
Goljano	-	-	-	-	-
Gololcha (Arsi)	2,159	5	46	5	43
Gololcha (Bale)	2,081	14	120	14	112
Gomibora	-	-	-	-	-
Gomma	3,182	11	103	11	96
Goncha Kolola	5,159	23	198	22	185
Goncha Siso Enese	6,383	59	520	58	486
Gondar Town	57,900	1,348	10,088	1,402	9,792
Gondar Zuria	9,553	53	467	52	437
Goreche	-	-	-	-	-
Goro (Bale)	-	-	-	-	-
Goro (South West Shewa)	-	-	-	-	-
Goro Bekeksa	-	-	-	-	-
Goro Damole	-	-	-	-	-
Goro Dola	-	-	-	-	-
Goro Gutu	1,735	12	110	12	103
Gozamin	2,423	17	155	17	145
Guagusa Shikudad	5,763	55	482	54	450
Guangua	-	-	-	-	-
Guba	3,257	30	269	30	252
Guba Koricha	-	-	-	-	-
Gubalafto	4,165	45	384	43	358
Gudeya Bila	-	-	-	-	-
Gudru	7,301	31	261	30	244
Gulele Woreda 1	2,995	-	-	-	-
Gulele Woreda 10	1,150	3	26	3	24
Gulele Woreda 2	-	-	-	-	-
Gulele Woreda 3	3,614	13	91	12	84
Gulele Woreda 4	7,340	182	1,368	179	1,259
Gulele Woreda 5	3,226	44	337	44	309
Gulele Woreda 6	1,425	33	262	33	240
Gulele Woreda 7	2,051	1	8	1	7
Gulele Woreda 8	-	-	-	-	-
Gulele Woreda 9	21,801	861	6,466	845	5,938
Guliso	2,081	14	120	14	112
Gulo Meheda	6,596	39	339	39	323
Guma	3,177	8	75	8	70
Gumer	3,066	35	305	33	281
Guna	-	-	-	-	-
Guna Gado	-	-	-	-	-
Gura Damole	-	-	-	-	-
Guraferda	-	-	-	-	-
Gursum (Oromia)	6,544	17	155	17	145
Gursum (Somali)	-	-	-	-	-
Guto Gida	3,839	15	137	15	127
Hababo Gudru	1,770	9	81	9	76
Habro	18,399	145	785	133	718
Habru	11,792	65	564	62	527
Hadele Ele	-	-	-	-	-
Hadero Tunito	995	11	99	10	91
Hadigala	-	-	-	-	-
Hadinet	8,530	126	1,002	142	951
Hagere Mariam Kesem	2,312	9	80	9	75
Hambela Wamena	-	-	-	-	-
Hamer	1,315	10	84	9	77
Hamero	-	-	-	-	-
Harar	57,506	438	4,387	569	3,742
Harena Buluk	-	-	-	-	-
Hargele	-	-	-	-	-
Haro Limu	1,485	3	30	3	28
Haro Maya Town	9,291	27	239	26	222
Haromaya	30	-	-	-	-
Harshin	-	-	-	-	-
Haru	-	-	-	-	-

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Hawa Gelan	1,979	8	69	8	64
Hawassa Town	125,228	1,456	6,747	1,635	6,196
Hawi Gudina	-	-	-	-	-
Hawilti	4,867	9	41	17	52
Hawzen	7,163	52	458	51	434
Hayik Town	7,472	201	1,540	209	1,492
Hidabu Abote	3,235	30	260	29	242
Hintalo Wajirat	19,308	130	1,145	130	1,094
Hitosa	2,407	6	53	6	50
Holeta Town	14,549	221	1,190	202	1,088
Homa	-	-	-	-	-
Homosha	500	-	-	16	43
Horo	1,174	8	74	8	69
Hosaena Town	33,725	338	1,680	321	1,308
Huka (Halu)	-	-	-	-	-
Hula	2,949	13	117	12	107
Hulet Ej Enese	4,994	8	78	8	73
Humbo	4,357	16	150	15	138
Humera Town	12,924	278	2,407	324	2,303
Hurumu	-	-	-	-	-
Ibantu	-	-	-	-	-
Illu Gelan	3,471	25	223	24	208
Ilu	4,949	41	364	40	339
Imiberi (Misrak Imi)	-	-	-	-	-
Isara	-	-	-	-	-
Jabi Tehnan	9,745	39	352	38	329
Jama	8,896	83	722	81	674
Janamora	2,633	18	159	18	149
Jarso (East Hararge)	-	-	-	-	-
Jarso (West Welega)	-	-	-	-	-
Jawi	9,504	34	295	33	277
Jeju	2,991	11	102	11	95
Jeldu	11,926	125	669	115	613
Jerdga Jerte	2,638	18	163	18	152
Jibat	-	-	-	-	-
Jida	2,697	5	51	5	47
Jijiga	-	-	-	-	-
Jijiga Town	34,568	425	1,804	426	1,639
Jikawo	-	-	-	-	-
Jile Timuga	9,156	36	310	35	289
Jima Arjo	2,589	21	183	20	170
Jima Genete	2,216	15	131	15	122
Jima Rare	-	-	-	-	-
Jimma Horo	-	-	-	-	-
Jimma Town	51,953	978	5,253	972	4,882
Jinka Town	37,812	367	1,743	339	1,397
Jor	-	-	-	-	-
Kacha Bira	2,093	28	240	26	221
Kafta Humera	95,439	113	976	131	934
Kalu	10,884	166	1,272	172	1,233
Kamashi	2,804	12	105	12	99
Kebena	-	-	-	-	-
Kebri Beyah	6,141	21	87	23	79
Kebridehar	-	-	-	-	-
Kebridehar Town	5,268	22	94	22	85
Kedamay Weyane	5,728	133	1,210	157	1,155
Kedida Gamela	-	-	-	-	-
Kelafo	-	-	-	-	-
Kelela	11,512	97	845	94	789
Kemba	2,475	17	146	16	134
Kemisie Town	6,919	164	1,243	170	1,205
Kercha	2,755	14	121	14	113
Kersa (East Hararge)	-	-	-	-	-
Kersa (Jimma)	3,286	12	108	12	101
Kersa Dula	-	-	-	-	-
Kersana Malima	-	-	-	-	-
Kewet	3,737	27	234	26	219
Kilte Awlalo	3,130	21	190	21	178
Kiltu Kara	-	-	-	-	-
Kimbibit	4,128	53	468	52	436

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Kindo Didaye	-	-	-	-	-
Kindo Koyisha	2,182	14	126	13	115
Kiremu	1,879	13	120	13	112
Kirkos Woreda 1	-	-	-	-	-
Kirkos Woreda 10	-	-	-	-	-
Kirkos Woreda 11	4,964	31	234	31	214
Kirkos Woreda 2	11,843	3	19	17	58
Kirkos Woreda 3	3,546	1	6	1	5
Kirkos Woreda 4	-	-	-	-	-
Kirkos Woreda 5	2,552	1	7	1	6
Kirkos Woreda 6	9,217	186	1,389	182	1,278
Kirkos Woreda 7	38,625	1,711	12,616	1,680	11,765
Kirkos Woreda 8	19,950	366	2,749	359	2,525
Kirkos Woreda 9	1,172	-	-	2	6
Kobo Town	9,981	266	2,012	278	1,951
Kochere	8,084	35	299	34	278
Kofele	3,466	24	201	23	188
Kokir Gedabano	2,589	11	98	10	90
Kokosa	-	-	-	-	-
Kola Temben	-	-	-	-	-
Kolfe Keraniyo Woreda 1	18,840	1,239	8,998	1,218	8,118
Kolfe Keraniyo Woreda 10	-	-	-	-	-
Kolfe Keraniyo Woreda 11	2,451	29	213	28	195
Kolfe Keraniyo Woreda 12	-	-	-	-	-
Kolfe Keraniyo Woreda 13	8,855	241	1,795	241	1,652
Kolfe Keraniyo Woreda 14	441	16	763	16	694
Kolfe Keraniyo Woreda 15	-	-	-	-	-
Kolfe Keraniyo Woreda 2	247	-	-	-	-
Kolfe Keraniyo Woreda 3	467	-	2	6	12
Kolfe Keraniyo Woreda 4	2,696	54	402	53	369
Kolfe Keraniyo Woreda 5	-	-	-	-	-
Kolfe Keraniyo Woreda 6	9,422	186	1,265	183	1,186
Kolfe Keraniyo Woreda 7	-	-	-	-	-
Kolfe Keraniyo Woreda 8	717	4	9	4	8
Kolfe Keraniyo Woreda 9	13,629	229	1,721	224	1,581
Kombolcha	6,698	39	340	38	317
Kombolcha Town	34,727	190	1,557	593	4,321
Kondala	-	-	-	-	-
Konso	5,991	25	226	23	207
Konta	-	-	-	-	-
Kore	13,446	121	661	110	602
Korem Town	4,663	81	710	95	679
Kori	-	-	-	-	-
Kucha	2,111	10	88	9	81
Kumbi	-	-	-	-	-
Kurfa Chele	-	-	-	-	-
Kurmuk	-	-	-	-	-
Kutaber	4,227	30	262	29	245
Kuyu	16,843	271	1,443	248	1,322
Laelay Adyabo	7,272	35	292	34	276
Laelay Maychew	-	-	-	-	-
Lalibela Town	11,718	200	1,485	207	1,440
Lalo Asabi	1,023	16	137	16	128
Lalo Kile	-	-	-	-	-
Lanfuro	608	12	105	11	96
Lare	2,197	4	17	12	36
Lasta	4,561	21	165	18	154
Lay Armcho	5,299	32	282	31	263
Lay Gayint	5,576	17	153	17	143
Lega Tafo Town	6,730	36	324	35	301
Legahida	5,792	13	115	47	394
Legambo	11,371	246	1,871	256	1,813
Legehida (Oromia)	10,301	213	1,171	194	1,067
Legehida (Somalie)	-	-	-	-	-
Leka Dulecha	3,397	6	47	6	44
Lemo	-	-	-	-	-
Liben (East Shewa)	4,020	28	236	27	220
Liben (Guji)	-	-	-	-	-
Libokemkem	8,263	9	84	9	78
Lideta Woreda 1	7,438	135	1,011	132	929

Ethiopia COP15 Targets by Woreda: Clinical Cascade

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Lideta Woreda 10	-	-	-	-	-
Lideta Woreda 2	2,975	-	-	7	21
Lideta Woreda 3	248	-	-	-	-
Lideta Woreda 4	6,856	138	1,039	135	955
Lideta Woreda 5	-	-	-	-	-
Lideta Woreda 6	-	-	-	-	-
Lideta Woreda 7	24,768	763	5,683	751	5,274
Lideta Woreda 8	-	-	-	-	-
Lideta Woreda 9	-	-	-	-	-
Limu	-	-	-	-	-
Limu Kosa	10,142	125	674	114	615
Limu Seka	2,152	9	71	9	67
Limuna Bilbilo	-	-	-	-	-
Loko Abeya	-	-	-	-	-
Loma	-	-	-	-	-
Lome	6,092	14	77	13	70
Lude Hitosa	4,207	49	420	48	393
Machakel	4,645	34	287	32	268
Maji	674	12	107	11	98
Mako	-	-	-	-	-
Makuey	-	-	-	-	-
Male	-	-	-	-	-
Malga	-	-	-	-	-
Mana	2,009	11	97	11	90
Mandura	3,086	22	195	22	182
Mao Komo Sp. Woreda	800	-	-	15	20
Marawi Town	6,331	87	768	85	718
Mareka	2,263	53	442	33	284
Mareko	-	-	-	-	-
Marsin	-	-	-	-	-
Masha	337	-	-	-	-
Masha Town	9,394	222	1,078	222	912
Maychew Town	13,883	235	1,953	270	1,873
Mecha	-	-	-	-	-
Meda Welabu	1,520	7	30	7	28
Medebay Zana	4,414	24	204	24	191
Megale	-	-	-	-	-
Mehal Meda Town	6,860	50	445	49	414
Mehal Saynt	3,873	13	115	13	107
Meinit Goldeya	-	-	-	-	-
Meinit Shasha	-	-	-	-	-
Meiso	-	-	-	-	-
Mekane Selam Town	750	-	-	241	-
Mekaneyesus Town	4,627	124	954	129	938
Mekdela	-	-	-	-	-
Meket	15,073	174	1,374	177	1,319
Meket Town	-	-	-	-	-
Melekoza	614	10	88	9	80
Melka Belo	-	-	-	-	-
Melku Soda	1,104	3	32	3	30
Menesibu	3,818	27	229	26	214
Menge	-	-	-	-	-
Mengesh	4,396	3	28	3	26
Menjiwo	-	-	-	-	-
Menz Gera Midir	-	-	-	-	-
Menz Keya Gebreal	4,878	27	246	27	230
Menz Lalo Midir	-	-	-	-	-
Menz Mama Midir	1,731	12	113	12	106
Merab Abaya	4,500	16	149	15	137
Merab Armacho	6,526	120	911	125	883
Merab Azernet	6,189	38	335	35	309
Merab Badwacho	6,284	20	172	19	159
Merab Belsa	5,542	40	357	39	333
Merab Este	8,434	31	277	31	259
Mereb Lehe	3,462	13	125	13	117
Merhabete	395	-	-	-	-
Mersa Town	9,727	263	1,993	273	1,930
Merti	23,226	125	661	114	605
Mesekan	1,015	-	-	-	-
Mesela	-	-	-	-	-

Ethiopia COP15 Targets by Woreda: Clinical Cascade

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Meta	2,147	14	122	14	114
Meta Robi	5,481	66	492	67	468
Metehara Town	18,654	239	1,291	218	1,178
Metema	46,229	356	2,776	371	2,688
Metu Town	17,249	334	1,786	306	1,635
Metu Zuria	992	-	-	-	-
Meyu Muleke	-	-	-	-	-
Meyu Muluka	-	-	-	-	-
Mida Woremo	6,224	29	263	29	246
Midakegn	2,261	11	97	11	91
Midga Tola	-	-	-	-	-
Mieso	8,938	17	95	16	87
Mile	7,689	74	311	72	284
Minjar Shenkora	9,434	116	1,021	113	954
Misha	-	-	-	-	-
Misrak Azernet	-	-	-	-	-
Misrak Badawacho	-	-	-	-	-
Misrak Belesa	3,878	28	250	27	234
Misrak Este	-	-	-	-	-
Miyu	2,674	8	75	8	70
Mizan Aman Town	35,108	660	3,262	643	2,649
Mojana Waderea	2,212	15	137	15	128
Mojo Town	24,007	481	2,563	439	2,339
Moretna Jiru	3,253	23	193	22	181
Mota Town	12,709	278	2,073	287	2,010
Moyale (Oromia)	11,696	60	531	59	494
Moyale (Somali)	-	-	-	-	-
Mubarek	-	-	-	-	-
Muhor Na Aklil	862	11	97	10	89
Mulo	1,735	12	111	12	103
Munesa	-	-	-	-	-
Mustahil	-	-	-	-	-
Nader Adet	-	-	-	-	-
Nefas Silk-Lafto Woreda 1	2,104	4	12	4	11
Nefas Silk-Lafto Woreda 10	-	-	-	-	-
Nefas Silk-Lafto Woreda 11	3,227	46	342	45	313
Nefas Silk-Lafto Woreda 12	2,116	44	323	42	297
Nefas Silk-Lafto Woreda 2	952	-	-	-	-
Nefas Silk-Lafto Woreda 3	2,436	163	1,665	160	1,604
Nefas Silk-Lafto Woreda 4	-	-	-	-	-
Nefas Silk-Lafto Woreda 5	2,709	35	263	34	242
Nefas Silk-Lafto Woreda 6	9,731	272	2,035	267	1,870
Nefas Silk-Lafto Woreda 7	4,999	-	-	12	40
Nefas Silk-Lafto Woreda 8	-	-	-	-	-
Nefas Silk-Lafto Woreda 9	9,356	277	2,080	272	1,911
NegeleTown	15,273	204	1,097	186	1,002
Nejo	-	-	-	-	-
Nejo Town	13,092	148	784	141	728
Nekemte Town	35,820	698	3,733	640	3,421
Nensebo	-	-	-	-	-
Nifas Mewcha Town	6,169	142	1,055	147	1,023
Nole Kaba	1,530	10	82	10	77
Nono	-	-	-	-	-
Nono Benja	-	-	-	-	-
Nono Sele	-	-	-	-	-
Nunu Kumba	-	-	-	-	-
Nyanigatom	-	-	-	-	-
Oda Buldigilu	-	-	-	-	-
Oda Bultum (Kuni)	-	-	-	-	-
Odo Shakiso	17,645	298	1,610	271	1,468
Ofa	3,498	15	125	14	115
Ofla	6,266	30	262	30	251
Omonada	3,335	16	147	16	137
Pawe	19,842	251	1,223	231	1,111
Quara	3,183	22	189	21	177
Quarit	4,981	22	186	21	174
Qubi	-	-	-	-	-
Quiha	15,046	151	1,224	183	1,195
Qunoba	-	-	-	-	-
Raso	-	-	-	-	-

Ethiopia COP15 Targets by Woreda: Clinical Cascade

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Raya Alamata	8,970	55	476	54	455
Raya Azebo	21,333	280	2,296	319	2,202
Raya Kobo	12,760	81	708	78	663
Rayitu	-	-	-	-	-
Robe	20,959	146	782	134	718
Robe Town	17,031	215	1,156	197	1,058
Saba Boru	2,840	3	27	5	31
Saesi Tsadamba	12,718	98	839	98	808
Sankura	-	-	-	-	-
Sasiga	-	-	-	-	-
Sawla Town	4,875	44	373	25	219
Saya Debirna Wayu	2,843	21	178	20	166
Sayilem	-	-	-	-	-
Sayint	6,649	47	412	46	385
Sebeta Hawas	3,173	11	94	11	88
Sebeta Town	16,312	244	1,324	227	1,221
Sedan (Sirba Abay)	-	-	-	-	-
Seden Sodo	4,158	-	83	15	77
Segeg	-	-	-	-	-
Sehala	-	-	-	-	-
Seharti Samre	6,639	35	310	35	299
Seka Chekorsa	6,565	11	95	11	88
Sekela	4,949	28	242	27	226
Sekota Zuria	-	-	-	-	-
SekotaTown	6,926	117	877	120	1,711
Selamago	-	-	-	-	-
Selehad	-	-	-	-	-
Semen	28,756	793	5,755	856	5,520
Semen Achefer	12,412	37	342	37	321
Semen Ari	-	-	-	-	-
Semen Bench	-	-	-	-	-
Semera Logia Town	18,099	220	929	213	846
Semu robi	-	-	-	-	-
Sendafa Town	4,001	61	529	59	493
Seru	-	-	-	-	-
Setema	-	-	-	-	-
Seweyna	2,496	17	147	17	137
Seyo	-	-	-	-	-
Seyo Nole	-	-	-	-	-
Shala	-	-	-	-	-
Shambu Town	15,981	166	887	152	812
Shashago	-	-	-	-	-
Shashemene Town	48,717	914	4,894	846	4,496
Shashemene Zuria	5,338	3	24	3	23
Shebe Senbo	2,081	14	117	14	109
Shebedino	3,441	28	250	26	229
Shebel Berenta	9,391	53	469	52	439
Sheikosh	-	-	-	-	-
Sheko	1,819	13	120	12	110
Sherkole	-	-	-	-	-
Shewa Bench	-	-	-	-	-
Shewa Robit Town	8,005	192	1,484	200	1,438
Shilabo	-	-	-	-	-
Shinile	-	-	-	-	-
Shiraro Town	7,473	53	474	53	444
Shire Endasilasie Town	15,846	231	1,765	275	1,702
Shirka	5,784	29	253	28	236
Sibu Sire	4,054	22	187	21	174
Sigamo	-	-	-	-	-
Silti	-	-	-	-	-
Simada	6,133	162	1,223	168	1,185
Sinan	4,989	36	302	34	283
Sinana	-	-	-	-	-
Siraro	-	-	-	-	-
Sire	-	-	-	-	-
Sodo	4,064	30	211	21	186
Sodo Dacha	-	-	-	-	-
Sodo Town	52,399	610	2,975	595	2,422
Sodo Zuria	-	-	-	-	-
Sokoru	3,399	24	204	23	191

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Sora	-	-	-	-	-
Soro	-	-	-	-	-
Sude	-	-	-	-	-
Sululta	-	-	-	-	-
Sululta Town	11,123	171	916	156	837
Surma	-	-	-	-	-
Tach Armacho	4,987	36	321	35	300
Tach Gayint	-	-	-	-	-
Tahtay Adyabo	5,284	26	163	26	162
Tahtay Koraro	-	-	-	-	-
Tahtay Maychew	4,485	24	211	24	199
Takusa	7,454	59	523	58	489
Tanqua Abergele	2,948	16	143	16	135
Tarma Ber	5,024	42	366	41	343
Tegede	3,455	10	91	10	85
Tehuledere	-	-	-	-	-
Telalak	-	-	-	-	-
Teletele	1,595	11	98	11	91
Tena	1,380	9	77	9	72
Tenta	9,681	155	1,161	161	1,126
Tepi Town	10,772	342	1,671	342	1,412
Tercha Town	58	-	-	-	-
Teru	-	-	-	-	-
Tibaro	2,770	8	68	7	63
Tikur Enchini	9,202	21	187	21	175
Tiro Afeta	-	-	-	-	-
Tiyo	-	-	-	-	-
Tocha	-	-	-	-	-
Toke Kutayu	3,538	25	211	24	197
Tole	3,064	10	90	10	84
Tsegede	24,619	80	678	93	650
Tselemet	-	-	-	-	-
Tselemti	14,046	118	547	83	518
Tulo (Oromia)	3,279	38	338	37	314
Tulo (SNNPR)	-	-	-	-	-
Tuluguled	-	-	-	-	-
Uba Debre Tsehay	-	-	-	-	-
Udet	-	-	-	-	-
Uraga	1,879	13	119	13	111
Wadera	-	-	-	-	-
Wadla	6,420	54	465	52	435
Wado	-	-	-	-	-
Wama Hagelo	-	-	-	-	-
Wantawo	2,855	1	10	1	9
Warder	-	-	-	-	-
Wayu Tuka	-	-	-	5	-
Wegera	5,912	36	321	35	300
Wegidi	6,295	68	597	66	558
Welkayit	5,127	30	283	36	286
Welkite Town	11,658	115	562	115	475
Wenago	3,061	22	192	20	177
Wenbera	2,254	16	143	16	134
Wensho	-	-	-	-	-
Werabe Town	4,357	33	261	31	242
Were Ilu	8,650	152	1,167	158	1,131
Were Jarso	4,072	39	339	40	324
Were Lehe	1,786	11	103	11	101
Werebabu	4,870	62	548	61	513
West Emey	-	-	-	-	-
Wilbareg	-	-	-	-	-
Woldiya Town	34,770	839	6,317	866	6,118
Woliso	3,460	18	157	18	147
Woliso Town	25,625	519	2,774	476	2,541
Wolmera	5,501	15	145	15	135
Wonberima	10,105	57	501	56	469
Wonchi	2,844	19	167	19	156
Wondo Genet	3,173	33	301	31	276
Woreta Town	9,418	227	1,688	235	1,637
Wuchale	4,027	29	252	28	234
Wukro Town	10,334	189	1,582	218	1,515

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Yabelo	-	-	-	-	-
Yabelo Town	9,059	137	739	125	675
Yalo	-	-	-	-	-
Yaso	-	-	-	-	-
Yaya Gulele	1,662	11	91	11	85
Yayu	2,201	18	157	18	147
Yeka Woreda 1	-	-	-	-	-
Yeka Woreda 10	-	-	-	-	-
Yeka Woreda 11	432	152	468	116	425
Yeka Woreda 12	488	-	-	-	-
Yeka Woreda 13	-	-	-	-	-
Yeka Woreda 2	-	-	-	-	-
Yeka Woreda 3	4,561	112	848	111	780
Yeka Woreda 4	1,424	-	-	-	-
Yeka Woreda 5	15,200	410	3,084	402	2,824
Yeka Woreda 6	-	-	-	-	-
Yeka Woreda 7	-	-	-	-	-
Yeka Woreda 8	25,006	840	6,765	840	6,217
Yeka Woreda 9	283	-	-	-	-
Yeki	-	-	-	-	-
Yem	-	-	-	-	-
Yemalogi Welel	-	-	-	-	-
Yilma Na Densa	6,835	4	46	4	43
Yirga Alem Town	52,582	542	2,655	542	2,238
Yirgachefe	-	-	-	-	-
Yirgachefe Town	9,679	101	489	101	414
Yoale	-	-	-	-	-
Yubdo	-	-	-	-	-
Zala	-	-	-	-	-
Zigem	-	-	-	-	-
Ziquala	3,938	14	109	13	102
Ziway Dugda	-	-	-	-	-
Other_ Ethiopia	53,400	1,416	7,392	1,352	9,484
Total	**5,486,336**	**70,897**	**474,050**	**72,521**	**447,530**

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Abala	40	-	-
Abaya	93	-	-
Abe Dongoro	62	-	-
Abergele	40	-	-
Abeshge	-	-	-
Abey Chomen	93	-	-
Abi Adi Town	389	224	-
Abichu Gnaa	31	-	-
Abobo	568	367	-
Abuna Gendeberet	62	-	-
Ada Berga	5,133	-	-
Ada'a	467	-	-
Adaba	176	-	-
Adadle	-	-	-
Adama	3,945	270	-
Adama Town	2,360	4,639	9,126
Adami Tulu Jido Kombolcha	4,340	-	-
Ada'ar	-	-	-
Addis Ketema Woreda 1	826	535	1,775
Addis Ketema Woreda 10	-	-	1,095
Addis Ketema Woreda 2	-	-	1,408
Addis Ketema Woreda 3	-	-	-
Addis Ketema Woreda 4	200	358	3,207
Addis Ketema Woreda 5	-	-	2,425
Addis Ketema Woreda 6	270	-	-
Addis Ketema Woreda 7	1,913	535	-
Addis Ketema Woreda 8	826	7,279	-
Addis Ketema Woreda 9	825	535	3,520
Addis Zemen Town	702	742	-
Adet Town	246	209	5,162
Adi Arkay	80	-	-
Adi Haki	522	-	1,474
Adigrat Town	816	1,408	7,821
Adola	62	-	-
Adola Town	145	-	-
Adwa	132	-	-
Adwa Town	1,810	515	4,693
Afambo	-	-	-
Afdem	-	-	-
Afdera	420	328	-
Afker	-	-	-
Agalo Meti	-	-	-
Agarfa	64	-	-
Agaro Town	367	225	1,173
Ahiferom	359	229	-
Akaki	62	-	-
Akaki Kality Woreda 1	952	-	-
Akaki Kality Woreda 10	-	-	-
Akaki Kality Woreda 11	-	-	-
Akaki Kality Woreda 2	368	373	1,057
Akaki Kality Woreda 3	-	-	1,330
Akaki Kality Woreda 4	-	-	860
Akaki Kality Woreda 5	368	372	665
Akaki Kality Woreda 6	569	359	899
Akaki Kality Woreda 7	569	-	821
Akaki Kality Woreda 8	-	-	978
Akaki Kality Woreda 9	-	-	704
Akobo	-	-	-
Alaba	194	-	3,128
Alamata Town	482	400	-
Albuko	40	-	-
Ale (Oromia)	31	-	-
Ale (SNNPR)	-	-	-
Alefa	80	-	-
Aleltu	-	-	-
Alem Ketema Town	214	-	-
Aleta Wondo	-	-	-
Aleta Wondo Town	37	-	3,128

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Alge Sachi	62	-	-
Alicho Werero	-	-	-
Amaro	37	-	-
Ambasel	80	-	1,624
Ambo Town	429	315	3,038
Ambo Zuria	562	247	-
Ameya	31	-	-
Amibara	103	-	-
Amigna	31	-	-
Amuru	31	-	-
Analimo	-	-	-
Anchar	31	-	-
Anderacha	402	-	-
Aneded	240	-	2,346
Anfilo	93	-	-
Angacha	-	-	-
Angolala Tera	80	-	-
Ankasha Guagusa	451	-	1,954
Ankober	90	-	-
Antsokiya Gemza	80	-	-
Arada Woreda 1	5,000	-	1,164
Arada Woreda 10	1,632	1,110	1,251
Arada Woreda 2	218	-	1,389
Arada Woreda 3	210	-	1,317
Arada Woreda 4	852	-	1,264
Arada Woreda 5	427	-	1,000
Arada Woreda 6	714	-	619
Arada Woreda 7	610	-	1,314
Arada Woreda 8	-	4,000	172
Arada Woreda 9	-	-	275
Ararso	-	-	-
Arbaminch Town	3,195	463	3,774
Arbaminch Zuriya	-	-	-
Arbegona	-	-	-
Areka Town	625	500	3,911
Arero	31	-	-
Argoba Liyu	-	-	-
Argoba Liyu- Gachene	-	-	-
Aroresa	-	-	-
Arsi Negele	485	381	-
Artuma Fursi	-	-	1,345
Asagirt	-	-	-
Asayita	445	239	-
Asegede Tsimbila	811	-	-
Aseko	31	-	-
Asela Town	662	500	-
Assosa	-	-	-
Assosa Town	463	375	-
Ataye Town	264	-	-
Atsbi Wonberta	165	-	-
Awabel	160	-	2,313
Aware	-	-	-
Awasa Zuria	-	-	-
Awash Fentale	897	278	-
Awash Town	559	175	-
Aweday Town	31	-	-
Awra	-	-	-
Awubere	315	241	-
Axum Town	1,613	470	-
Ayder	300	2,870	1,941
Ayida	-	-	-
Ayira	114	-	782
Ayisha	-	-	-
Aykel Town	40	-	-
Babile (Oromia)	207	-	-
Babile (Somali)	-	-	-
Babo Gambel	31	-	-
Bahir Dar Liyu	8,898	6,047	9,343
Bahir Dar Zuria	460	-	-
Bako Tibe	62	-	3,036

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Bambasi	290	-	-
Banja Shekudad	80	-	-
Bare	-	-	-
Basketo	37	-	-
Baso Liben	240	-	1,251
Basona Werana	73	-	-
Bati	40	-	-
Bati Town	40	-	2,190
Batu (Ziway) Town	209	222	7,637
Becho	207	-	1,780
Bedele Town	868	645	1,242
Bedele Zuria	-	-	-
Bedeno	31	-	-
Bedesa Town	31	-	-
Begi	176	-	-
Bele Gasegar	31	-	-
Belo Jegenfoy	-	-	-
Bena Tsemay	190	-	-
Bensa	70	-	-
Beranod	-	-	-
Berbere	62	-	-
Bereh	-	-	-
Berehet	-	-	-
Berhile	-	-	-
Bero	-	-	-
Beyeda	-	-	-
Bibugn	80	-	2,313
Bichena Town	243	180	3,128
Bicho	31	-	30
Bidu	-	-	-
Bilo Nopha	31	-	-
Birqod	-	-	-
Bishoftu Town	3,591	1,223	14,881
Bita	96	-	-
Boditi Town	77	-	1,877
Boh	-	-	-
Boji Chekorsa	-	-	-
Boji Dirmej	31	-	-
Boke	93	-	-
Bokoji Town	31	-	-
Bole Woreda 1	-	-	-
Bole Woreda 10	1,397	-	-
Bole Woreda 11	200	-	-
Bole Woreda 12	200	-	-
Bole Woreda 13	-	-	-
Bole Woreda 14	-	998	-
Bole Woreda 2	200	-	-
Bole Woreda 3	200	-	-
Bole Woreda 4	-	-	-
Bole Woreda 5	210	-	-
Bole Woreda 6	-	-	-
Bole Woreda 7	-	-	-
Bole Woreda 8	-	-	-
Bole Woreda 9	-	-	-
Boloso Bonibe	-	-	-
Boloso Sore	77	-	-
Bona Zuria	77	-	-
Bonga Town	479	217	890
Boniya Bushe	31	-	-
Bonke	-	-	-
Bora	31	-	-
Bore	31	-	-
Borecha	62	-	-
Boreda	-	-	-
Borena	214	-	-
Boricha	37	-	-
Boset	1,003	773	1,506
Bugna	40	-	-
Bule	37	-	-
Bule Hora	176	61	-

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Bulen	40	-	-
Burayu	31	84	3,128
Bure (Amhara)	80	-	-
Bure (Oromia)	62	-	-
Bure Mudayitu	444	342	-
Bure Town	339	264	5,256
Burji	-	-	-
Burka Dimtu	31	-	-
Bursa	-	-	-
Butajira Town	1,056	284	3,252
Chagni Town	299	200	828
Cheha	37	-	-
Cheko	37	-	1,045
Cheliya	114	-	-
Chena	384	-	-
Chencha	137	-	-
Chere	37	-	-
Chereti	-	-	-
Cheta	-	-	-
Chewaka	31	-	-
Chifra	40	-	-
Chilga	40	-	7,094
Chinaksan	31	-	-
Chiro Town	398	176	-
Chiro Zuria	62	-	-
Chole	31	-	-
Chora	93	-	-
Chora Botor	31	-	-
Dabat	468	404	1,588
Dabo Hana	31	-	-
Dale	74	-	-
Dale Sadi	62	-	-
Dale Wabera	62	-	-
Dali Fage	-	-	-
Dalocha	-	-	4,003
Dalol	-	-	-
Damot Gale	-	-	-
Damot Pulasa	-	-	-
Damot Sore	37	-	-
Damot Woyide	-	-	-
Danan	-	-	-
Dangur	40	-	-
Dano	62	-	-
Danot	-	-	-
Dara	77	-	-
Daratole	-	-	-
Darimu	31	-	-
Daro Lebu	93	-	-
Dasenech	-	-	-
Dawa Chefa	1,133	-	2,140
Dawa Serer	31	-	-
Dawe Kachen	-	-	-
Dawnt	781	805	-
Dawo	31	-	-
Debark	-	-	-
Debark Town	658	543	2,638
Debay Tilatgen	420	-	-
Deberelibanos	31	-	-
Debewoin	-	-	-
Debre Birhan Town	2,334	367	11,630
Debre Elias	80	-	2,315
Debre Markos Town	2,835	696	3,710
Debre Tabor Town	1,569	512	3,158
Debub Achefer	80	-	-
Debub Ari	37	-	-
Debub Bench	2,060	-	-
Decha	-	-	-
Deder	62	-	-
Deder Town	114	-	-
Dedesa	62	-	-

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Dedo	93	-	-
Dega	31	-	-
Dega Damot	40	-	-
Degahmedo	-	-	-
Degasuftu	-	-	-
Degehabur	-	-	-
Degehabur Town	63	-	-
Degem	31	-	-
Degua Temben	209	-	-
Deguna Fanigo	345	-	-
Dehena	80	-	-
Dejen	160	-	-
Dejen Town	337	173	2,393
Dekisis	31	-	-
Delanta	4,075	-	-
Dembecha	410	-	-
Dembecha Town	40	357	4,466
Dembia	403	256	2,256
Denbel	-	-	-
Denbi Dollo Town	31	51	-
Dendi	62	-	-
Dengila	160	-	30
Dengila Town	320	281	3,432
Deniboya	-	-	-
Denibu Gofa	77	-	-
Dera (Amhara)	33	-	-
Dera (Oromia)	485	436	-
Deramalo	-	-	-
Dereashe	77	-	-
Dese Town	5,098	3,023	11,370
Dese Zuria	80	-	1,470
Dewe	-	-	-
Dewe Harewa	-	-	-
Dhass	31	-	-
Dibate	40	-	-
Didu	31	-	-
Diga	62	-	-
Digluna Tijo	159	-	-
Dihun	-	-	-
Dila Town	2,192	952	6,778
Dila Zuria	-	-	-
Dillo	31	-	-
Dima (Gambella)	14,862	577	-
Dima (Oromia)	31	-	-
Dinsho	62	-	-
Dire	93	-	-
Dire Dawa Town	3,951	2,340	-
Dita	-	-	-
Doba	62	-	-
Dodola	176	-	-
Dodola Town	-	-	-
Dodota	20,096	-	-
Dolo Mena	114	-	-
Dolo Odo	40	-	-
Dolobay	-	-	-
Doreni	31	-	-
Doyo Gena	48	-	-
Dubti	402	247	-
Dugda	93	-	7,865
Dugida Dawa	31	-	-
Dukem Town	1,600	528	2,947
Dulecha	-	-	-
Duna	-	-	-
Durame Town	310	-	-
Ebinat	222	245	3,427
Efrata Gidim	-	-	-
Ejere	31	-	-
Elahmar	-	-	-
Elfata	31	-	-
Elidar	-	-	-

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Elkere	-	-	-
Elwayne	-	-	-
Emba Alage	209	-	-
Enarj Enawga	360	-	809
Endamehoni	88	-	-
Endegagn	-	-	-
Enderta	220	-	-
Enebse Sar Midir	160	-	-
Enemay	240	-	-
Enemor Ener	37	-	-
Enjibara Town	357	342	-
Enkelo Wabe	31	-	-
Ensaro	-	-	-
Erebti	-	-	-
Erer	40	-	-
Erob	44	-	-
Etang	40	15	-
Ewa	-	-	-
Ezha	70	-	30
Fagita Lekoma	120	-	-
Farta	-	-	3,565
Fedis	-	-	-
Fentale	31	-	-
Ferfer	-	-	-
Fiche Town	424	255	1,281
Fik	-	-	-
Filtu	-	-	-
Finote Selam Town	518	50	3,787
Fogera	-	-	3,796
Gambella	1,900	1,871	1,955
Gambella Zurya	40	-	-
Ganta Afeshum	176	-	-
Gasera	95	-	-
Gashamo	-	-	-
Gawo Kebe	62	-	-
Gazgibla	40	-	-
Gechi	31	-	-
Gedeb	37	-	-
Gedeb Asasa	62	-	-
Geladin	-	-	-
Gelan Town	31	-	-
Gelana	31	-	-
Gemches	31	-	-
Genabosa	-	-	-
Genida Wuha Town	1,126	909	-
Genji	31	-	-
Gera	31	-	-
Gerbo	-	-	-
Gesha Deka	37	-	-
Geta	-	-	-
Gewane	40	-	-
Gewata	-	-	-
Gezegofa	-	-	-
Gibe (Konteb)	-	-	-
Gida Ayana	176	-	-
Gidami	31	-	-
Gidan	40	-	-
Gimbi	31	-	-
Gimbi Town	259	53	1,739
Gimbichu	31	-	-
Gimbo	772	-	-
Ginde Beret	114	-	-
Ginir	114	-	-
Girar Jarso	-	-	-
Girawa	176	-	-
Girja	62	-	-
Gishe	40	-	-
Goba	-	-	-
Goba Town	307	219	7,821
Gobu Seyo	-	-	-

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Gode	-	-	-
Gode Town	63	-	-
Godere	492	426	-
Gog	227	107	-
Gola Oda	-	-	-
Golina	63	-	-
Goljano	-	-	-
Gololcha (Arsi)	31	-	-
Gololcha (Bale)	93	-	-
Gomibora	-	-	-
Gomma	306	-	-
Goncha Kolola	120	-	-
Goncha Siso Enese	80	-	-
Gondar Town	3,966	1,345	11,652
Gondar Zuria	179	-	6,832
Goreche	-	-	-
Goro (Bale)	31	-	-
Goro (South West Shewa)	62	-	-
Goro Bekeksa	-	-	-
Goro Damole	-	-	-
Goro Dola	93	-	-
Goro Gutu	31	-	-
Gozamin	160	-	2,503
Guagusa Shikudad	73	-	-
Guangua	-	-	-
Guba	40	-	-
Guba Koricha	62	-	-
Gubalafto	40	-	-
Gudeya Bila	62	-	-
Gudru	62	-	-
Gulele Woreda 1	1,040	416	1,258
Gulele Woreda 10	200	-	1,447
Gulele Woreda 2	-	-	1,290
Gulele Woreda 3	466	-	1,290
Gulele Woreda 4	200	-	1,215
Gulele Woreda 5	321	-	1,290
Gulele Woreda 6	511	-	1,290
Gulele Woreda 7	200	-	2,928
Gulele Woreda 8	-	-	899
Gulele Woreda 9	200	-	1,850
Guliso	62	-	-
Gulo Meheda	220	-	-
Guma	31	-	-
Gumer	37	-	-
Guna	62	-	-
Guna Gado	-	-	-
Gura Damole	31	-	-
Guraferda	-	-	-
Gursum (Oromia)	62	-	-
Gursum (Somali)	-	-	-
Guto Gida	31	-	-
Hababo Gudru	31	-	-
Habro	176	-	-
Habru	120	-	-
Hadele Ele	-	-	-
Hadero Tunito	74	-	-
Hadigala	-	-	-
Hadinet	198	-	1,560
Hagere Mariam Kesem	40	-	-
Hambela Wamena	31	-	-
Hamer	37	-	-
Hamero	-	-	-
Harar	1,164	641	-
Harena Buluk	31	-	-
Hargele	-	-	-
Haro Limu	31	-	-
Haro Maya Town	256	177	-
Haromaya	31	-	-
Harshin	-	-	-
Haru	31	-	-

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

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Hawa Gelan	93	-	-
Hawassa Town	5,608	6,554	7,436
Hawi Gudina	-	-	-
Hawilti	230	-	1,217
Hawzen	132	-	-
Hayik Town	50	-	-
Hidabu Abote	62	-	-
Hintalo Wajirat	297	-	-
Hitosa	128	-	-
Holeta Town	492	143	-
Homa	31	-	-
Homosha	166	220	-
Horo	62	-	-
Hosaena Town	685	437	2,869
Huka (Halu)	-	-	-
Hula	37	-	-
Hulet Ej Enese	113	-	-
Humbo	400	-	-
Humera Town	496	457	-
Hurumu	31	-	-
Ibantu	31	-	-
Illu Gelan	31	-	-
Ilu	62	-	1,159
Imiberi (Misrak Imi)	-	-	-
Isara	-	-	-
Jabi Tehnan	113	-	-
Jama	80	-	-
Janamora	40	-	-
Jarso (East Hararge)	93	-	-
Jarso (West Welega)	62	-	-
Jawi	80	-	1,375
Jeju	1,494	-	-
Jeldu	62	-	-
Jerdga Jerte	93	-	-
Jibat	31	-	-
Jida	31	-	-
Jijiga	-	-	-
Jijiga Town	396	194	-
Jikawo	-	-	-
Jile Timuga	80	-	-
Jima Arjo	62	-	-
Jima Genete	31	-	-
Jima Rare	-	-	-
Jimma Horo	31	-	-
Jimma Town	2,519	2,330	4,188
Jinka Town	466	413	-
Jor	-	-	-
Kacha Bira	37	-	-
Kafta Humera	113,481	1,854	-
Kalu	160	-	2,575
Kamashi	40	-	-
Kebena	-	-	-
Kebri Beyah	80	-	-
Kebridehar	-	-	-
Kebridehar Town	63	-	-
Kedamay Weyane	581	939	1,114
Kedida Gamela	-	-	-
Kelafo	-	-	-
Kelela	80	-	-
Kemba	-	-	-
Kemisie Town	321	1,473	3,911
Kercha	31	-	-
Kersa (East Hararge)	-	-	-
Kersa (Jimma)	31	-	-
Kersa Dula	-	-	-
Kersana Malima	124	-	-
Kewet	40	-	-
Kilte Awlalo	412	-	-
Kiltu Kara	-	-	-
Kimbibit	302	279	-

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

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Kindo Didaye	-	-	-
Kindo Koyisha	37	-	-
Kiremu	62	-	-
Kirkos Woreda 1	-	-	588
Kirkos Woreda 10	330	-	513
Kirkos Woreda 11	288	-	513
Kirkos Woreda 2	-	-	535
Kirkos Woreda 3	-	-	554
Kirkos Woreda 4	-	-	551
Kirkos Woreda 5	-	-	663
Kirkos Woreda 6	200	-	547
Kirkos Woreda 7	1,846	584	479
Kirkos Woreda 8	1,246	942	648
Kirkos Woreda 9	843	585	649
Kobo Town	234	118	4,092
Kochere	74	-	-
Kofele	62	-	-
Kokir Gedabano	37	-	-
Kokosa	31	-	-
Kola Temben	180	-	-
Kolfe Keraniyo Woreda 1	1,096	714	3,196
Kolfe Keraniyo Woreda 10	-	-	1,682
Kolfe Keraniyo Woreda 11	200	-	1,628
Kolfe Keraniyo Woreda 12	-	-	1,744
Kolfe Keraniyo Woreda 13	200	-	1,556
Kolfe Keraniyo Woreda 14	-	-	818
Kolfe Keraniyo Woreda 15	-	-	904
Kolfe Keraniyo Woreda 2	-	-	1,222
Kolfe Keraniyo Woreda 3	-	-	1,222
Kolfe Keraniyo Woreda 4	200	-	931
Kolfe Keraniyo Woreda 5	-	-	2,389
Kolfe Keraniyo Woreda 6	126	-	1,682
Kolfe Keraniyo Woreda 7	-	-	469
Kolfe Keraniyo Woreda 8	-	-	1,492
Kolfe Keraniyo Woreda 9	200	-	615
Kombolcha	93	-	-
Kombolcha Town	2,111	497	3,128
Kondala	31	-	-
Konso	3,490	-	-
Konta	-	-	-
Kore	62	-	-
Korem Town	176	74	-
Kori	-	-	-
Kucha	-	-	-
Kumbi	-	-	-
Kurfa Chele	31	-	-
Kurmuk	-	-	-
Kutaber	40	-	1,866
Kuyu	724	596	-
Laelay Adyabo	723	-	-
Laelay Maychew	-	-	-
Lalibela Town	489	279	4,272
Lalo Asabi	62	-	-
Lalo Kile	62	-	-
Lanfuro	37	-	-
Lare	40	20	-
Lasta	40	-	-
Lay Armcho	396	375	-
Lay Gayint	33	-	1,588
Lega Tafo Town	1,418	-	-
Legahida	40	-	-
Legambo	488	-	-
Legehida (Oromia)	31	-	-
Legehida (Somalie)	-	-	-
Leka Dulecha	62	-	-
Lemo	-	-	-
Liben (East Shewa)	31	-	-
Liben (Guji)	-	-	-
Libokemkem	-	-	4,552
Lideta Woreda 1	474	-	978

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Lideta Woreda 10	-	-	476
Lideta Woreda 2	-	-	-
Lideta Woreda 3	-	-	482
Lideta Woreda 4	573	-	519
Lideta Woreda 5	629	206	352
Lideta Woreda 6	-	-	257
Lideta Woreda 7	744	358	458
Lideta Woreda 8	-	-	166
Lideta Woreda 9	-	-	224
Limu	31	-	-
Limu Kosa	1,753	-	-
Limu Seka	64	-	-
Limuna Bilbilo	62	-	-
Loko Abeya	-	-	-
Loma	-	-	-
Lome	1,796	-	-
Lude Hitosa	64	-	-
Machakel	240	-	2,118
Maji	37	-	-
Mako	31	-	-
Makuey	-	-	-
Male	-	-	-
Malga	-	-	-
Mana	31	-	-
Mandura	40	-	-
Mao Komo Sp. Woreda	-	20	-
Marawi Town	40	-	3,177
Mareka	137	-	1,578
Mareko	-	-	-
Marsin	-	-	-
Masha	271	-	-
Masha Town	227	-	293
Maychew Town	747	209	-
Mecha	-	-	-
Meda Welabu	31	-	-
Medebay Zana	121	-	-
Megale	-	-	-
Mehal Meda Town	262	-	-
Mehal Saynt	40	-	-
Meinit Goldeya	-	-	-
Meinit Shasha	-	-	-
Meiso	-	-	-
Mekane Selam Town	231	250	-
Mekaneyesus Town	-	-	6,734
Mekdela	-	-	-
Meket	120	-	-
Meket Town	-	-	-
Melekoza	37	-	-
Melka Belo	93	-	-
Melku Soda	31	-	-
Menesibu	191	159	-
Menge	-	-	-
Mengesh	3,540	-	-
Menjiwo	-	-	-
Menz Gera Midir	-	-	-
Menz Keya Gebreal	40	-	-
Menz Lalo Midir	-	-	-
Menz Mama Midir	40	-	-
Merab Abaya	37	-	-
Merab Armacho	80	-	-
Merab Azernet	74	-	-
Merab Badwacho	74	-	-
Merab Belsa	289	255	-
Merab Este	-	-	2,339
Mereb Lehe	88	-	-
Merhabete	279	301	3,911
Mersa Town	40	-	1,658
Merti	5,865	-	120
Mesekan	-	-	-
Mesela	62	-	-

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Meta	31	-	-
Meta Robi	62	-	-
Metehara Town	5,403	1,409	-
Metema	60,633	2,954	2,076
Metu Town	984	735	1,272
Metu Zuria	722	-	-
Meyu Muleke	-	-	-
Meyu Muluka	-	-	-
Mida Woremo	80	-	-
Midakegn	31	-	-
Midga Tola	31	-	-
Mieso	62	-	-
Mile	963	335	-
Minjar Shenkora	322	237	-
Misha	-	-	-
Misrak Azernet	-	-	-
Misrak Badawacho	-	-	-
Misrak Belesa	40	-	-
Misrak Este	-	-	729
Miyu	62	-	-
Mizan Aman Town	565	496	3,169
Mojana Waderea	40	-	-
Mojo Town	2,261	1,232	4,009
Moretna Jiru	40	-	-
Mota Town	687	50	-
Moyale (Oromia)	354	255	-
Moyale (Somali)	-	-	-
Mubarek	-	-	-
Muhor Na Aklil	37	-	-
Mulo	31	-	-
Munesa	64	-	-
Mustahil	-	-	-
Nader Adet	44	-	-
Nefas Silk-Lafto Woreda 1	-	-	1,319
Nefas Silk-Lafto Woreda 10	-	-	1,622
Nefas Silk-Lafto Woreda 11	544	297	1,330
Nefas Silk-Lafto Woreda 12	200	-	1,406
Nefas Silk-Lafto Woreda 2	345	298	1,494
Nefas Silk-Lafto Woreda 3	-	-	1,253
Nefas Silk-Lafto Woreda 4	-	-	1,467
Nefas Silk-Lafto Woreda 5	200	-	1,184
Nefas Silk-Lafto Woreda 6	200	-	1,411
Nefas Silk-Lafto Woreda 7	2,000	-	1,495
Nefas Silk-Lafto Woreda 8	-	-	1,197
Nefas Silk-Lafto Woreda 9	-	-	1,402
NegeleTown	323	314	-
Nejo	62	-	-
Nejo Town	395	350	1,420
Nekemte Town	1,673	1,123	4,550
Nensebo	31	-	-
Nifas Mewcha Town	399	411	1,692
Nole Kaba	62	-	-
Nono	31	-	-
Nono Benja	93	-	-
Nono Sele	31	-	-
Nunu Kumba	31	-	-
Nyanigatom	-	-	-
Oda Buldigilu	-	-	-
Oda Bultum (Kuni)	31	-	-
Odo Shakiso	62	50	-
Ofa	37	-	-
Ofla	176	-	-
Omonada	93	-	-
Pawe	397	303	-
Quara	346	324	-
Quarit	80	-	-
Qubi	-	-	-
Quiha	745	421	1,966
Qunoba	-	-	-
Raso	-	-	-

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Raya Alamata	495	-	-
Raya Azebo	507	301	-
Raya Kobo	160	-	-
Rayitu	-	-	-
Robe	306	-	60
Robe Town	347	240	9,701
Saba Boru	62	-	-
Saesi Tsadamba	264	-	-
Sankura	-	-	-
Sasiga	-	-	-
Sawla Town	288	263	-
Saya Debirna Wayu	40	-	-
Sayilem	-	-	-
Sayint	50	-	-
Sebeta Hawas	62	72	-
Sebeta Town	2,391	866	3,128
Sedan (Sirba Abay)	-	-	-
Seden Sodo	31	-	346
Segeg	-	-	-
Sehala	-	-	-
Seharti Samre	278	-	-
Seka Chekorsa	31	-	-
Sekela	80	-	-
Sekota Zuria	-	-	-
SekotaTown	311	519	-
Selamago	-	-	-
Selehad	-	-	-
Semen	1,572	557	1,677
Semen Achefer	193	-	-
Semen Ari	-	-	-
Semen Bench	-	-	-
Semera Logia Town	1,772	1,756	-
Semu robi	-	-	-
Sendafa Town	277	255	-
Seru	31	-	-
Setema	62	-	-
Seweyna	31	-	-
Seyo	62	-	-
Seyo Nole	-	-	-
Shala	62	-	-
Shambu Town	8,102	174	-
Shashago	-	-	-
Shashemene Town	1,656	1,275	7,654
Shashemene Zuria	124	-	-
Shebe Senbo	31	-	-
Shebedino	37	-	2,899
Shebel Berenta	240	-	-
Sheikosh	-	-	-
Sheko	182	-	-
Sherkole	-	-	-
Shewa Bench	-	-	-
Shewa Robit Town	790	298	7,821
Shilabo	-	-	-
Shinile	-	-	-
Shiraro Town	231	232	-
Shire Endasilasie Town	820	918	-
Shirka	62	-	-
Sibu Sire	186	192	-
Sigamo	62	-	-
Silti	-	-	-
Simada	-	-	-
Sinan	80	-	2,346
Sinana	31	-	-
Siraro	62	-	-
Sire	31	-	-
Sodo	983	-	-
Sodo Dacha	31	-	-
Sodo Town	216	1,117	7,333
Sodo Zuria	-	-	-
Sokoru	95	-	-

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Sora	62	-	-
Soro	-	-	-
Sude	-	-	-
Sululta	31	-	-
Sululta Town	62	-	-
Surma	-	-	-
Tach Armacho	40	-	-
Tach Gayint	-	-	-
Tahtay Adyabo	220	-	-
Tahtay Koraro	88	-	-
Tahtay Maychew	121	-	-
Takusa	80	-	-
Tanqua Abergele	88	-	-
Tarma Ber	50	-	3,942
Tegede	40	-	-
Tehuledere	-	-	3,236
Telalak	-	-	-
Teletele	31	-	-
Tena	31	-	-
Tenta	370	360	-
Tepi Town	483	368	227
Tercha Town	34	-	1,151
Teru	-	-	-
Tibaro	37	-	-
Tikur Enchini	93	-	-
Tiro Afeta	31	-	-
Tiyo	62	-	-
Tocha	-	-	-
Toke Kutayu	31	-	-
Tole	62	-	-
Tsegede	22,708	400	-
Tselemet	-	-	-
Tselemti	88	-	-
Tulo (Oromia)	31	-	-
Tulo (SNNPR)	-	-	-
Tuluguled	-	-	-
Uba Debre Tsehay	-	-	-
Udet	-	-	-
Uraga	62	-	-
Wadera	31	-	-
Wadla	40	-	-
Wado	31	-	-
Wama Hagelo	31	-	890
Wantawo	40	-	-
Warder	-	-	-
Wayu Tuka	31	-	-
Wegera	940	-	-
Wegidi	40	-	-
Welkayit	88	-	-
Welkite Town	552	446	3,646
Wenago	37	-	-
Wenbera	40	-	-
Wensho	-	-	-
Werabe Town	37	-	837
Were Ilu	401	250	-
Were Jarso	62	-	-
Were Lehe	132	-	-
Werebabu	80	-	-
West Emey	-	-	-
Wilbareg	-	-	-
Woldiya Town	2,065	353	3,612
Woliso	62	-	926
Woliso Town	127	65	1,743
Wolmera	62	-	-
Wonberima	80	-	-
Wonchi	93	-	-
Wondo Genet	233	199	-
Woreta Town	275	292	-
Wuchale	62	-	-
Wukro Town	562	494	-

Ethiopia COP15 Targets by Woreda: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Yabelo	62	-	-
Yabelo Town	114	-	-
Yalo	-	-	-
Yaso	-	-	-
Yaya Gulele	64	-	-
Yayu	31	-	-
Yeka Woreda 1	-	-	252
Yeka Woreda 10	251	-	267
Yeka Woreda 11	-	-	202
Yeka Woreda 12	-	-	269
Yeka Woreda 13	-	-	196
Yeka Woreda 2	425	-	228
Yeka Woreda 3	200	-	246
Yeka Woreda 4	338	-	242
Yeka Woreda 5	377	-	272
Yeka Woreda 6	543	463	242
Yeka Woreda 7	-	-	203
Yeka Woreda 8	400	-	232
Yeka Woreda 9	268	-	260
Yeki	-	-	-
Yem	48	-	-
Yemalogi Welel	-	-	-
Yilma Na Densa	160	-	-
Yirga Alem Town	1,002	62	3,128
Yirgachefe	-	-	-
Yirgachefe Town	321	345	2,534
Yoale	-	-	-
Yubdo	62	-	-
Zala	-	-	-
Zigem	-	-	-
Ziquala	40	-	-
Ziway Dugda	110	-	30
Other_ Ethiopia	78,180	1,320	-
Total	**562,299**	**111,282**	**509,065**

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Abala	1,597	12
Abaya	-	-
Abe Dongoro	-	-
Abergele	-	-
Abeshge	-	-
Abey Chomen	1,729	19
Abi Adi Town	1,944	15
Abichu Gnaa	1,334	24
Abobo	473	29
Abuna Gendeberet	-	-
Ada Berga	7,571	62
Ada'a	1,210	6
Adaba	8,158	54
Adadle	-	-
Adama	1,627	11
Adama Town	19,518	304
Adami Tulu Jido Kombolcha	3,622	15
Ada'ar	-	-
Addis Ketema Woreda 1	415	60
Addis Ketema Woreda 10	-	-
Addis Ketema Woreda 2	-	-
Addis Ketema Woreda 3	-	-
Addis Ketema Woreda 4	3,651	107
Addis Ketema Woreda 5	-	-
Addis Ketema Woreda 6	571	13
Addis Ketema Woreda 7	1,306	73
Addis Ketema Woreda 8	249	10
Addis Ketema Woreda 9	-	-
Addis Zemen Town	1,460	23
Adet Town	1,488	18
Adi Arkay	2,458	14
Adi Haki	1,023	6
Adigrat Town	3,538	53
Adola	-	-
Adola Town	4,304	67
Adwa	-	-
Adwa Town	2,208	40
Afambo	-	-
Afdem	-	-
Afdera	-	-
Afker	-	-
Agalo Meti	-	-
Agarfa	-	-
Agaro Town	2,408	16
Ahiferom	1,955	14
Akaki	-	-
Akaki Kality Woreda 1	7,293	300
Akaki Kality Woreda 10	-	-
Akaki Kality Woreda 11	-	-
Akaki Kality Woreda 2	-	-
Akaki Kality Woreda 3	-	-
Akaki Kality Woreda 4	-	-
Akaki Kality Woreda 5	-	-
Akaki Kality Woreda 6	785	19
Akaki Kality Woreda 7	2,406	130
Akaki Kality Woreda 8	-	-
Akaki Kality Woreda 9	-	-
Akobo	-	-
Alaba	3,394	21
Alamata Town	2,279	99
Albuko	816	14
Ale (Oromia)	-	-
Ale (SNNPR)	-	-
Alefa	-	-
Aleltu	1,226	10
Alem Ketema Town	3,205	40
Aleta Wondo	-	-

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Aleta Wondo Town	3,825	57
Alge Sachi	-	-
Alicho Werero	-	-
Amaro	-	-
Ambasel	2,240	47
Ambo Town	3,374	98
Ambo Zuria	-	-
Ameya	2,280	8
Amibara	1,901	13
Amigna	1,086	18
Amuru	-	-
Analimo	-	-
Anchar	-	-
Anderacha	-	-
Aneded	2,858	37
Anfilo	-	-
Angacha	-	-
Angolala Tera	2,860	14
Ankasha Guagusa	2,708	25
Ankober	-	-
Antsokiya Gemza	4,449	51
Arada Woreda 1	1,314	43
Arada Woreda 10	-	-
Arada Woreda 2	-	-
Arada Woreda 3	1,080	36
Arada Woreda 4	1,978	58
Arada Woreda 5	-	-
Arada Woreda 6	2,129	140
Arada Woreda 7	2,658	103
Arada Woreda 8	-	-
Arada Woreda 9	-	-
Ararso	-	-
Arbaminch Town	5,167	72
Arbaminch Zuriya	-	-
Arbegona	-	-
Areka Town	1,276	9
Arero	1,192	8
Argoba Liyu	-	-
Argoba Liyu- Gachene	-	-
Aroresa	-	-
Arsi Negele	6,050	31
Artuma Fursi	-	-
Asagirt	-	-
Asayita	3,543	59
Asegede Tsimbila	3,138	15
Aseko	-	-
Asela Town	7,233	160
Assosa	-	-
Assosa Town	2,460	62
Ataye Town	595	14
Atsbi Wonberta	3,277	29
Awabel	1,946	30
Aware	-	-
Awasa Zuria	-	-
Awash Fentale	-	-
Awash Town	1,734	77
Aweday Town	-	-
Awra	-	-
Awubere	4	4
Axum Town	2,395	26
Ayder	798	36
Ayida	-	-
Ayira	4,451	18
Ayisha	-	-
Aykel Town	1,799	15
Babile (Oromia)	6,144	41
Babile (Somali)	-	-
Babo Gambel	-	-
Bahir Dar Liyu	15,320	423
Bahir Dar Zuria	-	-

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Bako Tibe	2,167	29
Bambasi	1,508	18
Banja Shekudad	-	-
Bare	-	-
Basketo	1,677	10
Baso Liben	6,060	75
Basona Werana	-	-
Bati	-	-
Bati Town	1,649	43
Batu (Ziway) Town	2,240	27
Becho	3,437	28
Bedele Town	3,120	35
Bedele Zuria	-	-
Bedeno	-	-
Bedesa Town	5,859	8
Begi	2,291	9
Bele Gasegar	-	-
Belo Jegenfoy	-	-
Bena Tsemay	1,057	26
Bensa	-	-
Beranod	-	-
Berbere	3,262	14
Bereh	-	-
Berehet	-	-
Berhile	-	-
Bero	-	-
Beyeda	-	-
Bibugn	2,098	19
Bichena Town	1,693	36
Bicho	-	-
Bidu	-	-
Bilo Nopha	-	-
Birqod	-	-
Bishoftu Town	8,859	212
Bita	-	-
Boditi Town	1,400	15
Boh	-	-
Boji Chekorsa	-	-
Boji Dirmej	103	2
Boke	-	-
Bokoji Town	2,017	14
Bole Woreda 1	-	-
Bole Woreda 10	1,131	51
Bole Woreda 11	1,357	49
Bole Woreda 12	851	13
Bole Woreda 13	-	-
Bole Woreda 14	1,160	26
Bole Woreda 2	1,946	64
Bole Woreda 3	3,006	137
Bole Woreda 4	2,447	31
Bole Woreda 5	1,027	13
Bole Woreda 6	1,401	19
Bole Woreda 7	-	-
Bole Woreda 8	-	-
Bole Woreda 9	263	6
Boloso Bonibe	-	-
Boloso Sore	1,733	14
Bona Zuria	2,376	10
Bonga Town	1,659	21
Boniya Bushe	-	-
Bonke	-	-
Bora	-	-
Bore	3,026	14
Borecha	-	-
Boreda	-	-
Borena	2,231	32
Boricha	-	-
Boset	5,302	49
Bugna	1,201	42
Bule	-	-

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Bule Hora	3,095	48
Bulen	708	7
Burayu	3,333	39
Bure (Amhara)	4,461	60
Bure (Oromia)	-	-
Bure Mudayitu	-	-
Bure Town	1,444	36
Burji	-	-
Burka Dimtu	-	-
Bursa	-	-
Butajira Town	5,599	40
Chagni Town	1,766	52
Cheha	5,418	48
Cheko	5,064	18
Cheliya	3,346	47
Chena	1,790	9
Chencha	1,180	19
Chere	-	-
Chereti	-	-
Cheta	-	-
Chewaka	-	-
Chifra	1,016	6
Chilga	-	-
Chinaksan	-	-
Chiro Town	4,787	25
Chiro Zuria	-	-
Chole	1,382	11
Chora	2,423	4
Chora Botor	-	-
Dabat	3,968	42
Dabo Hana	-	-
Dale	2,453	67
Dale Sadi	-	-
Dale Wabera	2,712	8
Dali Fage	-	-
Dalocha	-	-
Dalol	-	-
Damot Gale	-	-
Damot Pulasa	-	-
Damot Sore	-	-
Damot Woyide	-	-
Danan	-	-
Dangur	1,597	12
Dano	-	-
Danot	-	-
Dara	2,051	12
Daratole	-	-
Darimu	-	-
Daro Lebu	-	-
Dasenech	-	-
Dawa Chefa	5,191	33
Dawa Serer	-	-
Dawe Kachen	-	-
Dawnt	-	-
Dawo	1,277	8
Debark	-	-
Debark Town	2,633	49
Debay Tilatgen	3,884	86
Deberelibanos	1,487	12
Debewoin	-	-
Debre Birhan Town	7,308	131
Debre Elias	2,002	44
Debre Markos Town	5,803	149
Debre Tabor Town	4,980	72
Debub Achefer	3,501	42
Debub Ari	2,765	36
Debub Bench	-	-
Decha	-	-
Deder	-	-
Deder Town	4,198	23

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Dedesa	-	-
Dedo	-	-
Dega	-	-
Dega Damot	1,870	9
Degahmedo	-	-
Degasuftu	-	-
Degehabur	-	-
Degehabur Town	470	1
Degem	-	-
Degua Temben	1,241	24
Deguna Fanigo	-	-
Dehena	2,904	37
Dejen	1,272	26
Dejen Town	723	20
Dekisis	1,207	15
Delanta	565	17
Dembecha	3,208	24
Dembecha Town	3,431	56
Dembia	2,765	18
Denbel	-	-
Denbi Dollo Town	3,555	44
Dendi	3,202	44
Dengila	-	-
Dengila Town	1,642	32
Deniboya	-	-
Denibu Gofa	879	13
Dera (Amhara)	5,850	56
Dera (Oromia)	2,858	15
Deramalo	-	-
Dereashe	4,531	20
Dese Town	13,453	353
Dese Zuria	-	-
Dewe	-	-
Dewe Harewa	-	-
Dhass	-	-
Dibate	-	-
Didu	-	-
Diga	3,429	20
Digluna Tijo	3,396	14
Dihun	-	-
Dila Town	5,834	146
Dila Zuria	-	-
Dillo	-	-
Dima (Gambella)	312	38
Dima (Oromia)	-	-
Dinsho	-	-
Dire	1,231	6
Dire Dawa Town	28,874	640
Dita	-	-
Doba	4,575	22
Dodola	7,113	30
Dodola Town	-	-
Dodota	1,957	17
Dolo Mena	3,716	30
Dolo Odo	-	-
Dolobay	-	-
Doreni	-	-
Doyo Gena	-	-
Dubti	2,701	99
Dugda	6,008	62
Dugida Dawa	-	-
Dukem Town	1,569	31
Dulecha	-	-
Duna	-	-
Durame Town	1,587	16
Ebinat	4,244	63
Efrata Gidim	-	-
Ejere	1,838	9
Elahmar	-	-
Elfata	1,481	4

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Elidar	-	-
Elkere	-	-
Elwayne	-	-
Emba Alage	2,762	14
Enarj Enawga	4,320	103
Endamehoni	2,518	12
Endegagn	-	-
Enderta	-	-
Enebse Sar Midir	2,716	44
Enemay	1,526	24
Enemor Ener	-	-
Enjibara Town	1,549	18
Enkelo Wabe	-	-
Ensaro	-	-
Erebti	-	-
Erer	-	-
Erob	651	2
Etang	596	67
Ewa	-	-
Ezha	2,304	22
Fagita Lekoma	2,949	9
Farta	5,193	51
Fedis	-	-
Fentale	-	-
Ferfer	-	-
Fiche Town	3,201	59
Fik	-	-
Filtu	-	-
Finote Selam Town	3,558	64
Fogera	3,598	28
Gambella	2,962	125
Gambella Zurya	103	9
Ganta Afeshum	1,994	10
Gasera	2,076	10
Gashamo	-	-
Gawo Kebe	-	-
Gazgibla	892	26
Gechi	2,219	9
Gedeb	-	-
Gedeb Asasa	3,200	6
Geladin	-	-
Gelan Town	-	-
Gelana	-	-
Gemches	-	-
Genabosa	-	-
Genida Wuha Town	1,974	49
Genji	-	-
Gera	-	-
Gerbo	-	-
Gesha Deka	2,012	16
Geta	-	-
Gewane	-	-
Gewata	-	-
Gezegofa	-	-
Gibe (Konteb)	-	-
Gida Ayana	4,942	29
Gidami	-	-
Gidan	-	-
Gimbi	-	-
Gimbi Town	5,612	27
Gimbichu	2,449	17
Gimbo	1,372	22
Ginde Beret	1,840	18
Ginir	3,318	35
Girar Jarso	-	-
Girawa	4,049	6
Girja	-	-
Gishe	-	-
Goba	-	-
Goba Town	4,417	57

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Gobu Seyo	-	-
Gode	-	-
Gode Town	10,359	5
Godere	516	6
Gog	2,561	110
Gola Oda	-	-
Golina	637	8
Goljano	-	-
Gololcha (Arsi)	1,999	10
Gololcha (Bale)	2,015	6
Gomibora	-	-
Gomma	-	-
Goncha Kolola	996	12
Goncha Siso Enese	2,111	54
Gondar Town	11,680	322
Gondar Zuria	6,106	42
Goreche	-	-
Goro (Bale)	-	-
Goro (South West Shewa)	-	-
Goro Bekeksa	-	-
Goro Damole	-	-
Goro Dola	-	-
Goro Gutu	-	-
Gozamin	613	12
Guagusa Shikudad	2,475	56
Guangua	-	-
Guba	358	22
Guba Koricha	-	-
Gubalafto	1,530	58
Gudeya Bila	-	-
Gudru	7,289	14
Gulele Woreda 1	477	-
Gulele Woreda 10	1,113	45
Gulele Woreda 2	-	-
Gulele Woreda 3	997	62
Gulele Woreda 4	1,619	71
Gulele Woreda 5	458	9
Gulele Woreda 6	974	17
Gulele Woreda 7	304	6
Gulele Woreda 8	-	-
Gulele Woreda 9	8,036	346
Guliso	-	-
Gulo Meheda	1,093	12
Guma	-	-
Gumer	2,908	18
Guna	-	-
Guna Gado	-	-
Gura Damole	-	-
Guraferda	-	-
Gursum (Oromia)	4,741	9
Gursum (Somali)	-	-
Guto Gida	3,810	11
Hababo Gudru	1,599	9
Habro	7,547	27
Habru	4,021	84
Hadele Ele	-	-
Hadero Tunito	-	-
Hadigala	-	-
Hadinet	1,495	34
Hagere Mariam Kesem	-	-
Hambela Wamena	-	-
Hamer	842	12
Hamero	-	-
Harar	8,304	141
Harena Buluk	-	-
Hargele	-	-
Haro Limu	1,207	4
Haro Maya Town	7,380	20
Haromaya	-	-
Harshin	-	-

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Haru	-	-
Hawa Gelan	-	-
Hawassa Town	15,331	331
Hawi Gudina	-	-
Hawilti	1,847	37
Hawzen	1,385	11
Hayik Town	1,421	33
Hidabu Abote	2,473	15
Hintalo Wajirat	6,665	33
Hitosa	-	-
Holeta Town	2,172	54
Homa	-	-
Homosha	3	3
Horo	929	6
Hosaena Town	4,950	47
Huka (Halu)	-	-
Hula	2,977	20
Hulet Ej Enese	2,967	14
Humbo	3,169	18
Humera Town	1,283	45
Hurumu	-	-
Ibantu	-	-
Illu Gelan	1,566	10
Ilu	3,238	18
Imiberi (Misrak Imi)	-	-
Isara	-	-
Jabi Tehnan	4,343	39
Jama	2,574	42
Janamora	1,791	7
Jarso (East Hararge)	-	-
Jarso (West Welega)	-	-
Jawi	6,993	24
Jeju	-	-
Jeldu	2,377	25
Jerdga Jerte	1,446	6
Jibat	-	-
Jida	-	-
Jijiga	-	-
Jijiga Town	25,090	93
Jikawo	-	-
Jile Timuga	-	-
Jima Arjo	2,292	7
Jima Genete	1,438	4
Jima Rare	-	-
Jimma Horo	-	-
Jimma Town	11,226	236
Jinka Town	2,699	59
Jor	-	-
Kacha Bira	2,033	30
Kafta Humera	1,443	35
Kalu	2,145	42
Kamashi	1,074	12
Kebena	-	-
Kebri Beyah	3	3
Kebridehar	-	-
Kebridehar Town	-	-
Kedamay Weyane	828	51
Kedida Gamela	-	-
Kelafo	-	-
Kelela	3,055	54
Kemba	2,494	16
Kemisie Town	2,644	29
Kercha	2,707	22
Kersa (East Hararge)	-	-
Kersa (Jimma)	3,249	7
Kersa Dula	-	-
Kersana Malima	-	-
Kewet	1,478	19
Kilte Awlalo	-	-
Kiltu Kara	-	-

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Kimbibit	2,455	8
Kindo Didaye	-	-
Kindo Koyisha	2,171	18
Kiremu	1,617	13
Kirkos Woreda 1	-	-
Kirkos Woreda 10	-	-
Kirkos Woreda 11	452	5
Kirkos Woreda 2	4,290	84
Kirkos Woreda 3	250	4
Kirkos Woreda 4	-	-
Kirkos Woreda 5	264	6
Kirkos Woreda 6	1,446	95
Kirkos Woreda 7	11,985	698
Kirkos Woreda 8	1,942	112
Kirkos Woreda 9	209	2
Kobo Town	5,307	155
Kochere	6,856	46
Kofele	2,940	11
Kokir Gedabano	2,535	14
Kokosa	-	-
Kola Temben	-	-
Kolfe Keraniyo Woreda 1	1,748	213
Kolfe Keraniyo Woreda 10	-	-
Kolfe Keraniyo Woreda 11	1,295	9
Kolfe Keraniyo Woreda 12	-	-
Kolfe Keraniyo Woreda 13	3,680	77
Kolfe Keraniyo Woreda 14	-	-
Kolfe Keraniyo Woreda 15	-	-
Kolfe Keraniyo Woreda 2	-	-
Kolfe Keraniyo Woreda 3	546	12
Kolfe Keraniyo Woreda 4	2,375	40
Kolfe Keraniyo Woreda 5	-	-
Kolfe Keraniyo Woreda 6	1,379	31
Kolfe Keraniyo Woreda 7	-	-
Kolfe Keraniyo Woreda 8	111	3
Kolfe Keraniyo Woreda 9	2,610	95
Kombolcha	-	-
Kombolcha Town	2,349	150
Kondala	-	-
Konso	6,019	16
Konta	-	-
Kore	-	-
Korem Town	487	18
Kori	-	-
Kucha	2,048	10
Kumbi	-	-
Kurfa Chele	-	-
Kurmuk	-	-
Kutaber	2,189	19
Kuyu	2,535	46
Laelay Adyabo	2,363	6
Laelay Maychew	-	-
Lalibela Town	1,419	62
Lalo Asabi	-	-
Lalo Kile	-	-
Lanfuro	-	-
Lare	3	3
Lasta	-	-
Lay Armcho	1,485	26
Lay Gayint	-	-
Lega Tafo Town	6,311	89
Legahida	565	30
Legambo	2,786	46
Legehida (Oromia)	-	-
Legehida (Somalie)	-	-
Leka Dulecha	-	-
Lemo	-	-
Liben (East Shewa)	1,019	20
Liben (Guji)	-	-
Libokemkem	4,178	16

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Lideta Woreda 1	832	37
Lideta Woreda 10	-	-
Lideta Woreda 2	781	21
Lideta Woreda 3	-	-
Lideta Woreda 4	1,244	28
Lideta Woreda 5	-	-
Lideta Woreda 6	-	-
Lideta Woreda 7	5,453	241
Lideta Woreda 8	-	-
Lideta Woreda 9	-	-
Limu	-	-
Limu Kosa	1,822	20
Limu Seka	-	-
Limuna Bilbilo	-	-
Loko Abeya	-	-
Loma	-	-
Lome	1,330	17
Lude Hitosa	1,516	23
Machakel	2,425	19
Maji	-	-
Mako	-	-
Makuey	-	-
Male	-	-
Malga	-	-
Mana	1,945	7
Mandura	604	16
Mao Komo Sp. Woreda	2	2
Marawi Town	4,320	33
Mareka	1,516	8
Mareko	-	-
Marsin	-	-
Masha	-	-
Masha Town	-	-
Maychew Town	1,625	90
Mecha	-	-
Meda Welabu	147	3
Medebay Zana	-	-
Megale	-	-
Mehal Meda Town	3,104	9
Mehal Saynt	1,264	14
Meinit Goldeya	-	-
Meinit Shasha	-	-
Meiso	-	-
Mekane Selam Town	1,099	-
Mekaneyesus Town	2,115	35
Mekdela	381	-
Meket	3,610	64
Meket Town	951	21
Melekoza	-	-
Melka Belo	-	-
Melku Soda	990	4
Menesibu	1,514	8
Menge	-	-
Mengesh	157	14
Menjiwo	-	-
Menz Gera Midir	-	-
Menz Keya Gebreal	-	-
Menz Lalo Midir	-	-
Menz Mama Midir	-	-
Merab Abaya	4,217	12
Merab Armacho	1,502	34
Merab Azernet	6,101	26
Merab Badwacho	5,594	20
Merab Belsa	2,394	16
Merab Este	2,171	7
Mereb Lehe	1,615	5
Merhabete	-	-
Mersa Town	1,535	69
Merti	1,653	15
Mesekan	-	-

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Mesela	-	-
Meta	-	-
Meta Robi	2,609	27
Metehara Town	2,422	30
Metema	4,347	110
Metu Town	3,798	67
Metu Zuria	-	-
Meyu Muleke	-	-
Meyu Muluka	-	-
Mida Woremo	1,508	21
Midakegn	2,001	10
Midga Tola	-	-
Mieso	-	-
Mile	2,228	68
Minjar Shenkora	2,836	28
Misha	-	-
Misrak Azernet	-	-
Misrak Badawacho	-	-
Misrak Belesa	2,402	21
Misrak Este	-	-
Miyu	819	9
Mizan Aman Town	2,698	110
Mojana Waderea	-	-
Mojo Town	3,405	132
Moretna Jiru	2,169	9
Mota Town	2,556	59
Moyale (Oromia)	6,354	77
Moyale (Somali)	-	-
Mubarek	-	-
Muhor Na Aklil	-	-
Mulo	1,242	11
Munesa	-	-
Mustahil	-	-
Nader Adet	-	-
Nefas Silk-Lafto Woreda 1	278	6
Nefas Silk-Lafto Woreda 10	-	-
Nefas Silk-Lafto Woreda 11	518	7
Nefas Silk-Lafto Woreda 12	636	15
Nefas Silk-Lafto Woreda 2	-	-
Nefas Silk-Lafto Woreda 3	2,862	74
Nefas Silk-Lafto Woreda 4	-	-
Nefas Silk-Lafto Woreda 5	1,712	27
Nefas Silk-Lafto Woreda 6	704	14
Nefas Silk-Lafto Woreda 7	488	10
Nefas Silk-Lafto Woreda 8	-	-
Nefas Silk-Lafto Woreda 9	1,472	86
NegeleTown	3,479	55
Nejo	-	-
Nejo Town	3,580	34
Nekemte Town	8,805	120
Nensebo	-	-
Nifas Mewcha Town	1,369	26
Nole Kaba	-	-
Nono	-	-
Nono Benja	-	-
Nono Sele	-	-
Nunu Kumba	-	-
Nyanigatom	-	-
Oda Buldigilu	-	-
Oda Bultum (Kuni)	-	-
Odo Shakiso	4,356	115
Ofa	3,538	14
Ofla	1,562	7
Omonada	-	-
Pawe	1,663	45
Quara	2,356	21
Quarit	3,255	39
Qubi	-	-
Quiha	783	30
Qunoba	-	-

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Raso	-	-
Raya Alamata	2,898	27
Raya Azebo	3,038	83
Raya Kobo	3,442	66
Rayitu	-	-
Robe	3,004	22
Robe Town	3,842	62
Saba Boru	1,460	13
Saesi Tsadamba	4,196	27
Sankura	-	-
Sasiga	-	-
Sawla Town	3,976	63
Saya Debirna Wayu	1,476	11
Sayilem	-	-
Sayint	1,629	9
Sebeta Hawas	1,074	8
Sebeta Town	5,161	67
Sedan (Sirba Abay)	-	-
Seden Sodo	-	-
Segeg	-	-
Sehala	-	-
Seharti Samre	1,274	15
Seka Chekorsa	6,490	9
Sekela	-	-
Sekota Zuria	-	-
SekotaTown	1,429	37
Selamago	-	-
Selehad	-	-
Semen	3,005	70
Semen Achefer	1,994	14
Semen Ari	-	-
Semen Bench	-	-
Semera Logia Town	1,861	72
Semu robi	-	-
Sendafa Town	2,573	41
Seru	-	-
Setema	-	-
Seweyna	-	-
Seyo	-	-
Seyo Nole	-	-
Shala	-	-
Shambu Town	2,558	24
Shashago	-	-
Shashemene Town	14,940	207
Shashemene Zuria	953	6
Shebe Senbo	-	-
Shebedino	3,154	34
Shebel Berenta	2,711	45
Sheikosh	-	-
Sheko	1,303	6
Sherkole	-	-
Shewa Bench	-	-
Shewa Robit Town	1,557	52
Shilabo	-	-
Shinile	-	-
Shiraro Town	1,672	11
Shire Endasilasie Town	5,954	117
Shirka	5,487	9
Sibu Sire	2,661	8
Sigamo	-	-
Silti	-	-
Simada	1,463	42
Sinan	1,715	23
Sinana	-	-
Siraro	-	-
Sire	-	-
Sodo	3,513	12
Sodo Dacha	-	-
Sodo Town	5,928	77
Sodo Zuria	-	-

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Sokoru	1,964	8
Sora	-	-
Soro	-	-
Sude	-	-
Sululta	-	-
Sululta Town	2,110	33
Surma	-	-
Tach Armacho	2,288	19
Tach Gayint	-	-
Tahtay Adyabo	1,263	7
Tahtay Koraro	-	-
Tahtay Maychew	1,417	-
Takusa	2,648	12
Tanqua Abergele	-	-
Tarma Ber	1,247	10
Tegede	-	-
Tehuledere	-	-
Telalak	-	-
Teletele	-	-
Tena	-	-
Tenta	1,406	27
Tepi Town	1,248	29
Tercha Town	-	-
Teru	-	-
Tibaro	2,716	16
Tikur Enchini	8,842	34
Tiro Afeta	-	-
Tiyo	-	-
Tocha	-	-
Toke Kutayu	3,023	21
Tole	925	4
Tsegede	2,302	19
Tselemet	-	-
Tselemti	2,338	12
Tulo (Oromia)	-	-
Tulo (SNNPR)	-	-
Tuluguled	-	-
Uba Debre Tsehay	-	-
Udet	-	-
Uraga	1,843	11
Wadera	-	-
Wadla	1,300	28
Wado	-	-
Wama Hagelo	-	-
Wantawo	870	18
Warder	-	-
Wayu Tuka	-	-
Wegera	2,820	12
Wegidi	3,053	63
Welkayit	3,380	22
Welkite Town	2,309	15
Wenago	2,499	26
Wenbera	1,582	19
Wensho	-	-
Werabe Town	4,399	35
Were Ilu	1,472	36
Were Jarso	3,653	19
Were Lehe	-	-
Werebabu	2,719	51
West Emey	-	-
Wilbareg	-	-
Woldiya Town	5,439	209
Woliso	1,122	10
Woliso Town	7,134	107
Wolmera	5,487	18
Wonberima	2,402	44
Wonchi	1,046	10
Wondo Genet	3,041	48
Woreta Town	1,356	46
Wuchale	1,304	4

Ethiopia COP15 Targets by Woreda: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Wukro Town	2,102	48
Yabelo	-	-
Yabelo Town	2,624	47
Yalo	-	-
Yaso	-	-
Yaya Gulele	1,457	6
Yayu	1,712	12
Yeka Woreda 1	-	-
Yeka Woreda 10	-	-
Yeka Woreda 11	90	2
Yeka Woreda 12	-	-
Yeka Woreda 13	-	-
Yeka Woreda 2	-	-
Yeka Woreda 3	572	48
Yeka Woreda 4	-	-
Yeka Woreda 5	-	-
Yeka Woreda 6	-	-
Yeka Woreda 7	-	-
Yeka Woreda 8	8,226	316
Yeka Woreda 9	-	-
Yeki	-	-
Yem	-	-
Yemalogi Welel	-	-
Yilma Na Densa	1,191	9
Yirga Alem Town	3,776	51
Yirgachefe	-	-
Yirgachefe Town	1,319	23
Yoale	-	-
Yubdo	-	-
Zala	-	-
Zigem	-	-
Ziquala	1,606	7
Ziway Dugda	-	-
Other_ Ethiopia	2,590	126
Total	**1,337,231**	**20,337**

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Abala	10	1
Abaya	10	1
Abe Dongoro	20	2
Abergele	10	1
Abeshge	-	-
Abey Chomen	256	45
Abi Adi Town	146	13
Abichu Gnaa	30	3
Abobo	80	16
Abuna Gendeberet	-	-
Ada Berga	180	36
Ada'a	10	1
Adaba	104	11
Adadle	-	-
Adama	181	33
Adama Town	1,998	389
Adami Tulu Jido Kombolcha	30	4
Ada'ar	-	-
Addis Ketema Woreda 1	225	45
Addis Ketema Woreda 10	-	-
Addis Ketema Woreda 2	-	-
Addis Ketema Woreda 3	-	-
Addis Ketema Woreda 4	230	46
Addis Ketema Woreda 5	-	-
Addis Ketema Woreda 6	10	1
Addis Ketema Woreda 7	135	27
Addis Ketema Woreda 8	105	21
Addis Ketema Woreda 9	-	-
Addis Zemen Town	100	20
Adet Town	136	26
Adi Arkay	50	5
Adi Haki	-	-
Adigrat Town	269	25
Adola	30	9
Adola Town	160	32
Adwa	-	-
Adwa Town	176	20
Afambo	-	-
Afdem	-	-
Afdera	-	-
Afker	-	-
Agalo Meti	-	-
Agarfa	30	3
Agaro Town	115	23
Ahiferom	183	8
Akaki	-	-
Akaki Kality Woreda 1	205	38
Akaki Kality Woreda 10	-	-
Akaki Kality Woreda 11	-	-
Akaki Kality Woreda 2	-	-
Akaki Kality Woreda 3	-	-
Akaki Kality Woreda 4	-	-
Akaki Kality Woreda 5	-	-
Akaki Kality Woreda 6	245	49
Akaki Kality Woreda 7	160	32
Akaki Kality Woreda 8	10	1
Akaki Kality Woreda 9	-	-
Akobo	-	-
Alaba	65	13
Alamata Town	353	69
Albuko	116	16
Ale (Oromia)	50	5
Ale (SNNPR)	-	-
Alefa	50	5
Aleltu	20	2
Alem Ketema Town	120	12
Aleta Wondo	-	-
Aleta Wondo Town	50	5

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Alge Sachi	-	-
Alicho Werero	-	-
Amaro	10	1
Ambasel	140	14
Ambo Town	549	106
Ambo Zuria	101	15
Ameya	30	3
Amibara	60	12
Amigna	10	1
Amuru	10	1
Analimo	-	-
Anchar	-	-
Anderacha	-	-
Aneded	30	3
Anfilo	30	3
Angacha	-	-
Angolala Tera	30	3
Ankasha Guagusa	96	11
Ankober	68	6
Antsokiya Gemza	80	8
Arada Woreda 1	-	-
Arada Woreda 10	-	-
Arada Woreda 2	-	-
Arada Woreda 3	-	-
Arada Woreda 4	205	41
Arada Woreda 5	-	-
Arada Woreda 6	315	63
Arada Woreda 7	360	72
Arada Woreda 8	-	-
Arada Woreda 9	-	-
Ararso	-	-
Arbaminch Town	440	88
Arbaminch Zuriya	-	-
Arbegona	-	-
Areka Town	25	5
Arero	10	1
Argoba Liyu	-	-
Argoba Liyu- Gachene	-	-
Aroresa	-	-
Arsi Negele	80	16
Artuma Fursi	-	-
Asagirt	-	-
Asayita	185	37
Asegede Tsimbila	195	11
Aseko	-	-
Asela Town	696	136
Assosa	-	-
Assosa Town	255	51
Ataye Town	85	17
Atsbi Wonberta	133	21
Awabel	120	12
Aware	-	-
Awasa Zuria	-	-
Awash Fentale	-	-
Awash Town	135	27
Aweday Town	-	-
Awra	-	-
Awubere	15	3
Axum Town	149	33
Ayder	130	26
Ayida	-	-
Ayira	50	5
Ayisha	-	-
Aykel Town	80	16
Babile (Oromia)	90	18
Babile (Somali)	-	-
Babo Gambel	-	-
Bahir Dar Liyu	1,437	285
Bahir Dar Zuria	10	1
Bako Tibe	70	14

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Bambasi	50	5
Banja Shekudad	20	2
Bare	-	-
Basketo	30	3
Baso Liben	90	9
Basona Werana	12	1
Bati	-	-
Bati Town	95	19
Batu (Ziway) Town	170	28
Becho	80	16
Bedele Town	125	25
Bedele Zuria	-	-
Bedeno	30	6
Bedesa Town	40	4
Begi	30	3
Bele Gasegar	10	1
Belo Jegenfoy	-	-
Bena Tsemay	20	2
Bensa	20	2
Beranod	-	-
Berbere	20	2
Bereh	-	-
Berehet	-	-
Berhile	-	-
Bero	-	-
Beyeda	-	-
Bibugn	40	4
Bichena Town	160	32
Bicho	-	-
Bidu	-	-
Bilo Nopha	-	-
Birqod	-	-
Bishoftu Town	671	133
Bita	-	-
Boditi Town	60	12
Boh	-	-
Boji Chekorsa	-	-
Boji Dirmej	10	1
Boke	-	-
Bokoji Town	90	18
Bole Woreda 1	-	-
Bole Woreda 10	5	1
Bole Woreda 11	85	17
Bole Woreda 12	15	3
Bole Woreda 13	-	-
Bole Woreda 14	70	14
Bole Woreda 2	115	23
Bole Woreda 3	280	56
Bole Woreda 4	96	18
Bole Woreda 5	-	-
Bole Woreda 6	25	5
Bole Woreda 7	-	-
Bole Woreda 8	-	-
Bole Woreda 9	-	-
Boloso Bonibe	-	-
Boloso Sore	85	17
Bona Zuria	20	2
Bonga Town	145	29
Boniya Bushe	-	-
Bonke	-	-
Bora	-	-
Bore	30	3
Borecha	-	-
Boreda	-	-
Borena	160	32
Boricha	20	2
Boset	145	29
Bugna	50	5
Bule	-	-
Bule Hora	269	44

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Bulen	30	3
Burayu	110	22
Bure (Amhara)	182	15
Bure (Oromia)	30	3
Bure Mudayitu	-	-
Bure Town	180	31
Burji	-	-
Burka Dimtu	-	-
Bursa	-	-
Butajira Town	194	38
Chagni Town	198	34
Cheha	150	30
Cheko	20	2
Cheliya	90	9
Chena	225	45
Chencha	90	18
Chere	10	1
Chereti	-	-
Cheta	-	-
Chewaka	-	-
Chifra	10	1
Chilga	20	2
Chinaksan	-	-
Chiro Town	189	35
Chiro Zuria	18	5
Chole	20	2
Chora	20	2
Chora Botor	-	-
Dabat	152	22
Dabo Hana	-	-
Dale	-	-
Dale Sadi	-	-
Dale Wabera	50	5
Dali Fage	-	-
Dalocha	-	-
Dalol	-	-
Damot Gale	-	-
Damot Pulasa	-	-
Damot Sore	-	-
Damot Woyide	-	-
Danan	-	-
Dangur	40	4
Dano	-	-
Danot	-	-
Dara	20	2
Daratole	-	-
Darimu	10	1
Daro Lebu	16	5
Dasenech	-	-
Dawa Chefa	70	7
Dawa Serer	-	-
Dawe Kachen	-	-
Dawnt	20	2
Dawo	20	2
Debark	-	-
Debark Town	140	28
Debay Tilatgen	130	13
Deberelibanos	10	1
Debewoin	-	-
Debre Birhan Town	411	72
Debre Elias	170	17
Debre Markos Town	582	113
Debre Tabor Town	275	55
Debub Achefer	130	13
Debub Ari	20	2
Debub Bench	10	2
Decha	-	-
Deder	36	14
Deder Town	60	6
Dedesa	-	-

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Dedo	20	2
Dega	-	-
Dega Damot	40	4
Degahmedo	-	-
Degasuftu	-	-
Degehabur	-	-
Degehabur Town	10	1
Degem	30	3
Degua Temben	94	5
Deguna Fanigo	-	-
Dehena	80	8
Dejen	-	-
Dejen Town	85	17
Dekisis	10	1
Delanta	55	11
Dembecha	90	11
Dembecha Town	80	8
Dembia	125	25
Denbel	-	-
Denbi Dollo Town	165	33
Dendi	125	25
Dengila	20	2
Dengila Town	130	26
Deniboya	-	-
Denibu Gofa	75	15
Dera (Amhara)	150	21
Dera (Oromia)	100	10
Deramalo	-	-
Dereashe	30	3
Dese Town	1,346	267
Dese Zuria	60	6
Dewe	-	-
Dewe Harewa	-	-
Dhass	-	-
Dibate	40	4
Didu	-	-
Diga	40	4
Digluna Tijo	50	5
Dihun	-	-
Dila Town	464	88
Dila Zuria	-	-
Dillo	-	-
Dima (Gambella)	140	28
Dima (Oromia)	-	-
Dinsho	-	-
Dire	30	3
Dire Dawa Town	881	161
Dita	-	-
Doba	30	3
Dodola	100	20
Dodola Town	-	-
Dodota	90	18
Dolo Mena	40	4
Dolo Odo	10	2
Dolobay	-	-
Doreni	-	-
Doyo Gena	-	-
Dubti	305	61
Dugda	160	32
Dugida Dawa	-	-
Dukem Town	105	21
Dulecha	-	-
Duna	-	-
Durame Town	95	19
Ebinat	160	16
Efrata Gidim	-	-
Ejere	40	4
Elahmar	-	-
Elfata	51	6
Elidar	-	-

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Elkere	-	-
Elwayne	-	-
Emba Alage	104	14
Enarj Enawga	120	12
Endamehoni	39	4
Endegagn	-	-
Enderta	-	-
Enebse Sar Midir	130	13
Enemay	50	5
Enemor Ener	30	3
Enjibara Town	125	25
Enkelo Wabe	-	-
Ensaro	-	-
Erebti	-	-
Erer	5	1
Erob	7	1
Etang	30	3
Ewa	-	-
Ezha	40	4
Fagita Lekoma	60	6
Farta	3	-
Fedis	33	19
Fentale	-	-
Ferfer	-	-
Fiche Town	285	57
Fik	-	-
Filtu	-	-
Finote Selam Town	253	50
Fogera	30	3
Gambella	380	76
Gambella Zurya	10	1
Ganta Afeshum	83	3
Gasera	30	3
Gashamo	-	-
Gawo Kebe	-	-
Gazgibla	50	5
Gechi	20	2
Gedeb	-	-
Gedeb Asasa	50	5
Geladin	-	-
Gelan Town	-	-
Gelana	10	1
Gemches	-	-
Genabosa	-	-
Genida Wuha Town	76	10
Genji	-	-
Gera	-	-
Gerbo	-	-
Gesha Deka	10	1
Geta	-	-
Gewane	20	2
Gewata	-	-
Gezegofa	20	2
Gibe (Konteb)	-	-
Gida Ayana	154	31
Gidami	20	2
Gidan	70	19
Gimbi	-	-
Gimbi Town	195	39
Gimbichu	40	4
Gimbo	20	2
Ginde Beret	90	9
Ginir	105	21
Girar Jarso	-	-
Girawa	30	3
Girja	-	-
Gishe	10	1
Goba	-	-
Goba Town	320	64
Gobu Seyo	-	-

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Gode	-	-
Gode Town	30	6
Godere	70	14
Gog	240	48
Gola Oda	-	-
Golina	10	1
Goljano	-	-
Gololcha (Arsi)	32	9
Gololcha (Bale)	20	2
Gomibora	-	-
Gomma	20	2
Goncha Kolola	30	3
Goncha Siso Enese	90	9
Gondar Town	1,300	240
Gondar Zuria	80	8
Goreche	-	-
Goro (Bale)	-	-
Goro (South West Shewa)	-	-
Goro Bekeksa	-	-
Goro Damole	-	-
Goro Dola	22	11
Goro Gutu	20	2
Gozamin	30	3
Guagusa Shikudad	80	8
Guangua	-	-
Guba	50	5
Guba Koricha	-	-
Gubalafto	60	6
Gudeya Bila	-	-
Gudru	50	5
Gulele Woreda 1	40	4
Gulele Woreda 10	44	6
Gulele Woreda 2	-	-
Gulele Woreda 3	10	2
Gulele Woreda 4	130	26
Gulele Woreda 5	30	6
Gulele Woreda 6	88	13
Gulele Woreda 7	-	-
Gulele Woreda 8	-	-
Gulele Woreda 9	605	121
Guliso	20	2
Gulo Meheda	77	6
Guma	10	1
Gumer	50	5
Guna	-	-
Guna Gado	-	-
Gura Damole	-	-
Guraferda	-	-
Gursum (Oromia)	30	3
Gursum (Somali)	-	-
Guto Gida	20	2
Hababo Gudru	10	1
Habro	100	20
Habru	125	14
Hadele Ele	-	-
Hadero Tunito	10	1
Hadigala	-	-
Hadinet	126	24
Hagere Mariam Kesem	43	4
Hambela Wamena	-	-
Hamer	10	1
Hamero	-	-
Harar	415	83
Harena Buluk	-	-
Hargele	-	-
Haro Limu	-	-
Haro Maya Town	40	4
Haromaya	-	-
Harshin	-	-
Haru	-	-

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Hawa Gelan	10	1
Hawassa Town	1,389	369
Hawi Gudina	-	-
Hawilti	129	2
Hawzen	89	9
Hayik Town	155	31
Hidabu Abote	40	4
Hintalo Wajirat	196	19
Hitosa	35	4
Holeta Town	155	31
Homa	-	-
Homosha	-	-
Horo	10	1
Hosaena Town	259	50
Huka (Halu)	-	-
Hula	20	2
Hulet Ej Enese	10	1
Humbo	20	2
Humera Town	269	49
Hurumu	-	-
Ibantu	-	-
Illu Gelan	40	4
Ilu	60	6
Imiberi (Misrak Imi)	-	-
Isara	-	-
Jabi Tehnan	81	9
Jama	120	12
Janamora	30	3
Jarso (East Hararge)	-	-
Jarso (West Welega)	-	-
Jawi	96	11
Jeju	20	2
Jeldu	85	17
Jerdga Jerte	30	3
Jibat	-	-
Jida	10	1
Jijiga	-	-
Jijiga Town	320	64
Jikawo	-	-
Jile Timuga	50	5
Jima Arjo	30	3
Jima Genete	20	2
Jima Rare	-	-
Jimma Horo	-	-
Jimma Town	738	144
Jinka Town	255	51
Jor	-	-
Kacha Bira	40	4
Kafta Humera	119	20
Kalu	130	26
Kamashi	20	2
Kebena	-	-
Kebri Beyah	20	4
Kebridehar	-	-
Kebridehar Town	15	3
Kedamay Weyane	155	29
Kedida Gamela	-	-
Kelafo	-	-
Kelela	140	14
Kemba	20	2
Kemisie Town	130	26
Kercha	20	2
Kersa (East Hararge)	-	-
Kersa (Jimma)	20	2
Kersa Dula	-	-
Kersana Malima	-	-
Kewet	40	4
Kilte Awlalo	70	3
Kiltu Kara	-	-
Kimbibit	80	8

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Kindo Didaye	-	-
Kindo Koyisha	20	2
Kiremu	20	2
Kirkos Woreda 1	-	-
Kirkos Woreda 10	-	-
Kirkos Woreda 11	20	4
Kirkos Woreda 2	24	3
Kirkos Woreda 3	16	2
Kirkos Woreda 4	-	-
Kirkos Woreda 5	-	-
Kirkos Woreda 6	130	26
Kirkos Woreda 7	1,210	242
Kirkos Woreda 8	260	52
Kirkos Woreda 9	-	-
Kobo Town	268	50
Kochere	50	5
Kofele	30	3
Kokir Gedabano	20	2
Kokosa	-	-
Kola Temben	-	-
Kolfe Keraniyo Woreda 1	880	176
Kolfe Keraniyo Woreda 10	-	-
Kolfe Keraniyo Woreda 11	20	4
Kolfe Keraniyo Woreda 12	-	-
Kolfe Keraniyo Woreda 13	170	34
Kolfe Keraniyo Woreda 14	31	4
Kolfe Keraniyo Woreda 15	-	-
Kolfe Keraniyo Woreda 2	-	-
Kolfe Keraniyo Woreda 3	-	-
Kolfe Keraniyo Woreda 4	40	8
Kolfe Keraniyo Woreda 5	-	-
Kolfe Keraniyo Woreda 6	115	23
Kolfe Keraniyo Woreda 7	-	-
Kolfe Keraniyo Woreda 8	-	-
Kolfe Keraniyo Woreda 9	165	33
Kombolcha	60	6
Kombolcha Town	448	89
Kondala	-	-
Konso	30	3
Konta	-	-
Kore	85	17
Korem Town	41	14
Kori	-	-
Kucha	10	1
Kumbi	-	-
Kurfa Chele	-	-
Kurmuk	-	-
Kutaber	144	12
Kuyu	185	37
Laelay Adyabo	74	5
Laelay Maychew	-	-
Lalibela Town	160	32
Lalo Asabi	20	2
Lalo Kile	-	-
Lanfuro	20	2
Lare	5	1
Lasta	30	3
Lay Armcho	80	10
Lay Gayint	30	3
Lega Tafo Town	50	5
Legahida	70	7
Legambo	195	39
Legehida (Oromia)	150	30
Legehida (Somalie)	-	-
Leka Dulecha	10	1
Lemo	-	-
Liben (East Shewa)	40	4
Liben (Guji)	-	-
Libokemkem	10	1
Lideta Woreda 1	124	23

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Lideta Woreda 10	-	-
Lideta Woreda 2	114	15
Lideta Woreda 3	38	5
Lideta Woreda 4	100	20
Lideta Woreda 5	-	-
Lideta Woreda 6	-	-
Lideta Woreda 7	155	31
Lideta Woreda 8	11	1
Lideta Woreda 9	-	-
Limu	-	-
Limu Kosa	85	17
Limu Seka	10	1
Limuna Bilbilo	-	-
Loko Abeya	-	-
Loma	-	-
Lome	10	2
Lude Hitosa	70	7
Machakel	50	5
Maji	20	2
Mako	-	-
Makuey	-	-
Male	-	-
Malga	-	-
Mana	20	2
Mandura	30	3
Mao Komo Sp. Woreda	-	-
Marawi Town	130	13
Mareka	50	5
Mareko	-	-
Marsin	-	-
Masha	-	-
Masha Town	165	33
Maychew Town	127	40
Mecha	24	8
Meda Welabu	35	5
Medebay Zana	88	4
Megale	-	-
Mehal Meda Town	70	7
Mehal Saynt	40	4
Meinit Goldeya	-	-
Meinit Shasha	-	-
Meiso	-	-
Mekane Selam Town	-	-
Mekaneyesus Town	95	19
Mekdela	17	5
Meket	232	48
Meket Town	-	-
Melekoza	10	1
Melka Belo	-	-
Melku Soda	-	-
Menesibu	40	4
Menge	-	-
Mengesh	-	-
Menjiwo	-	-
Menz Gera Midir	-	-
Menz Keya Gebreal	40	4
Menz Lalo Midir	20	2
Menz Mama Midir	20	2
Merab Abaya	20	2
Merab Armacho	95	19
Merab Azernet	50	5
Merab Badwacho	30	3
Merab Belsa	78	11
Merab Este	50	5
Mereb Lehe	59	2
Merhabete	-	-
Mersa Town	221	43
Merti	85	17
Mesekan	-	-
Mesela	-	-

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Meta	20	2
Meta Robi	128	15
Metehara Town	171	34
Metema	304	61
Metu Town	230	46
Metu Zuria	-	-
Meyu Muleke	-	-
Meyu Muluka	-	-
Mida Woremo	119	11
Midakegn	20	2
Midga Tola	-	-
Mieso	10	2
Mile	55	11
Minjar Shenkora	580	50
Misha	-	-
Misrak Azernet	-	-
Misrak Badawacho	-	-
Misrak Belesa	40	4
Misrak Este	-	-
Miyu	10	1
Mizan Aman Town	480	96
Mojana Waderea	20	2
Mojo Town	360	69
Moretna Jiru	30	3
Mota Town	215	43
Moyale (Oromia)	90	9
Moyale (Somali)	-	-
Mubarek	-	-
Muhor Na Aklil	20	2
Mulo	20	2
Munesa	-	-
Mustahil	-	-
Nader Adet	-	-
Nefas Silk-Lafto Woreda 1	31	3
Nefas Silk-Lafto Woreda 10	-	-
Nefas Silk-Lafto Woreda 11	30	6
Nefas Silk-Lafto Woreda 12	30	6
Nefas Silk-Lafto Woreda 2	-	-
Nefas Silk-Lafto Woreda 3	125	30
Nefas Silk-Lafto Woreda 4	-	-
Nefas Silk-Lafto Woreda 5	25	5
Nefas Silk-Lafto Woreda 6	220	42
Nefas Silk-Lafto Woreda 7	-	-
Nefas Silk-Lafto Woreda 8	-	-
Nefas Silk-Lafto Woreda 9	195	39
NegeleTown	140	28
Nejo	-	-
Nejo Town	121	23
Nekemte Town	548	104
Nensebo	-	-
Nifas Mewcha Town	110	22
Nole Kaba	20	2
Nono	-	-
Nono Benja	-	-
Nono Sele	-	-
Nunu Kumba	-	-
Nyanigatom	-	-
Oda Buldigilu	-	-
Oda Bultum (Kuni)	-	-
Odo Shakiso	205	41
Ofa	20	2
Ofla	147	5
Omonada	30	3
Pawe	175	35
Quara	30	3
Quarit	30	3
Qubi	-	-
Quiha	149	25
Qunoba	-	-
Raso	-	-

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Raya Alamata	217	10
Raya Azebo	413	47
Raya Kobo	157	19
Rayitu	-	-
Robe	100	20
Robe Town	150	30
Saba Boru	55	6
Saesi Tsadamba	186	15
Sankura	-	-
Sasiga	-	-
Sawla Town	40	4
Saya Debirna Wayu	30	3
Sayilem	-	-
Sayint	70	7
Sebeta Hawas	20	2
Sebeta Town	186	35
Sedan (Sirba Abay)	-	-
Seden Sodo	10	2
Segeg	-	-
Sehala	-	-
Seharti Samre	145	6
Seka Chekorsa	20	2
Sekela	40	4
Sekota Zuria	-	-
SekotaTown	273	53
Selamago	-	-
Selehad	-	-
Semen	345	50
Semen Achefer	60	6
Semen Ari	-	-
Semen Bench	-	-
Semera Logia Town	160	32
Semu robi	-	-
Sendafa Town	90	9
Seru	-	-
Setema	-	-
Seweyna	30	3
Seyo	-	-
Seyo Nole	-	-
Shala	-	-
Shambu Town	115	23
Shashago	-	-
Shashemene Town	705	137
Shashemene Zuria	21	3
Shebe Senbo	20	2
Shebedino	40	4
Shebel Berenta	70	7
Sheikosh	-	-
Sheko	20	2
Sherkole	39	4
Shewa Bench	-	-
Shewa Robit Town	150	30
Shilabo	-	-
Shinile	-	-
Shiraro Town	61	8
Shire Endasilasie Town	181	36
Shirka	40	4
Sibu Sire	30	3
Sigamo	-	-
Silti	95	-
Simada	249	49
Sinan	50	5
Sinana	-	-
Siraro	-	-
Sire	-	-
Sodo	30	3
Sodo Dacha	-	-
Sodo Town	472	93
Sodo Zuria	-	-
Sokoru	30	3

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Sora	-	-
Soro	-	-
Sude	-	-
Sululta	-	-
Sululta Town	115	23
Surma	-	-
Tach Armacho	50	5
Tach Gayint	-	-
Tahtay Adyabo	105	3
Tahtay Koraro	-	-
Tahtay Maychew	52	3
Takusa	90	9
Tanqua Abergele	69	12
Tarma Ber	-	-
Tegede	20	2
Tehuledere	-	-
Telalak	-	-
Teletele	20	2
Tena	27	8
Tenta	142	30
Tepi Town	255	51
Tercha Town	-	-
Teru	-	-
Tibaro	10	1
Tikur Enchini	30	3
Tiro Afeta	-	-
Tiyo	55	5
Tocha	7	-
Toke Kutayu	40	4
Tole	20	2
Tsegede	70	14
Tselemet	-	-
Tselemti	94	8
Tulo (Oromia)	60	6
Tulo (SNNPR)	-	-
Tuluguled	-	-
Uba Debre Tsehay	-	-
Udet	-	-
Uraga	20	2
Wadera	-	-
Wadla	80	8
Wado	-	-
Wama Hagelo	-	-
Wantawo	-	-
Warder	-	-
Wayu Tuka	-	-
Wegera	50	5
Wegidi	100	10
Welkayit	71	6
Welkite Town	85	17
Wenago	30	3
Wenbera	20	2
Wensho	-	-
Werabe Town	68	8
Were Ilu	336	66
Were Jarso	60	6
Were Lehe	99	21
Werebabu	130	17
West Emey	-	-
Wilbareg	-	-
Woldiya Town	671	133
Woliso	30	3
Woliso Town	360	72
Wolmera	20	2
Wonberima	80	8
Wonchi	30	3
Wondo Genet	50	5
Woreta Town	203	39
Wuchale	40	4
Wukro Town	167	33

Ethiopia COP15 Targets by Woreda: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Yabelo	43	10
Yabelo Town	95	19
Yalo	-	-
Yaso	-	-
Yaya Gulele	20	2
Yayu	30	3
Yeka Woreda 1	-	-
Yeka Woreda 10	-	-
Yeka Woreda 11	38	5
Yeka Woreda 12	-	-
Yeka Woreda 13	-	-
Yeka Woreda 2	-	-
Yeka Woreda 3	80	16
Yeka Woreda 4	-	-
Yeka Woreda 5	290	58
Yeka Woreda 6	-	-
Yeka Woreda 7	-	-
Yeka Woreda 8	395	78
Yeka Woreda 9	-	-
Yeki	-	-
Yem	-	-
Yemalogi Welel	-	-
Yilma Na Densa	10	1
Yirga Alem Town	405	81
Yirgachefe	-	-
Yirgachefe Town	75	15
Yoale	-	-
Yubdo	-	-
Zala	-	-
Zigem	-	-
Ziquala	20	2
Ziway Dugda	-	-
Other_ Ethiopia	420	84
Total	**64,322**	**11,088**

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Abala	-
Abaya	-
Abe Dongoro	-
Abergele	-
Abeshge	-
Abey Chomen	-
Abi Adi Town	-
Abichu Gnaa	-
Abobo	457
Abuna Gendeberet	-
Ada Berga	-
Ada'a	-
Adaba	-
Adadle	-
Adama	-
Adama Town	-
Adami Tulu Jido Kombolcha	-
Ada'ar	-
Addis Ketema Woreda 1	-
Addis Ketema Woreda 10	-
Addis Ketema Woreda 2	-
Addis Ketema Woreda 3	-
Addis Ketema Woreda 4	-
Addis Ketema Woreda 5	-
Addis Ketema Woreda 6	-
Addis Ketema Woreda 7	-
Addis Ketema Woreda 8	-
Addis Ketema Woreda 9	-
Addis Zemen Town	-
Adet Town	-
Adi Arkay	-
Adi Haki	-
Adigrat Town	-
Adola	-
Adola Town	-
Adwa	-
Adwa Town	-
Afambo	-
Afdem	-
Afdera	-
Afker	-
Agalo Meti	-
Agarfa	-
Agaro Town	-
Ahiferom	-
Akaki	-
Akaki Kality Woreda 1	-
Akaki Kality Woreda 10	-
Akaki Kality Woreda 11	-
Akaki Kality Woreda 2	-
Akaki Kality Woreda 3	-
Akaki Kality Woreda 4	-
Akaki Kality Woreda 5	-
Akaki Kality Woreda 6	-
Akaki Kality Woreda 7	-
Akaki Kality Woreda 8	-
Akaki Kality Woreda 9	-
Akobo	-
Alaba	-
Alamata Town	-
Albuko	-
Ale (Oromia)	-
Ale (SNNPR)	-
Alefa	-
Aleltu	-
Alem Ketema Town	-
Aleta Wondo	-

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Aleta Wondo Town	-
Alge Sachi	-
Alicho Werero	-
Amaro	-
Ambasel	-
Ambo Town	-
Ambo Zuria	-
Ameya	-
Amibara	-
Amigna	-
Amuru	-
Analimo	-
Anchar	-
Anderacha	-
Aneded	-
Anfilo	-
Angacha	-
Angolala Tera	-
Ankasha Guagusa	-
Ankober	-
Antsokiya Gemza	-
Arada Woreda 1	-
Arada Woreda 10	-
Arada Woreda 2	-
Arada Woreda 3	-
Arada Woreda 4	-
Arada Woreda 5	-
Arada Woreda 6	-
Arada Woreda 7	-
Arada Woreda 8	-
Arada Woreda 9	-
Ararso	-
Arbaminch Town	-
Arbaminch Zuriya	-
Arbegona	-
Areka Town	-
Arero	-
Argoba Liyu	-
Argoba Liyu- Gachene	-
Aroresa	-
Arsi Negele	-
Artuma Fursi	-
Asagirt	-
Asayita	-
Asegede Tsimbila	-
Aseko	-
Asela Town	-
Assosa	-
Assosa Town	-
Ataye Town	-
Atsbi Wonberta	-
Awabel	-
Aware	-
Awasa Zuria	-
Awash Fentale	-
Awash Town	-
Aweday Town	-
Awra	-
Awubere	-
Axum Town	-
Ayder	-
Ayida	-
Ayira	-
Ayisha	-
Aykel Town	-
Babile (Oromia)	-
Babile (Somali)	-
Babo Gambel	-
Bahir Dar Liyu	-
Bahir Dar Zuria	-

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Bako Tibe	-
Bambasi	-
Banja Shekudad	-
Bare	-
Basketo	-
Baso Liben	-
Basona Werana	-
Bati	-
Bati Town	-
Batu (Ziway) Town	-
Becho	-
Bedele Town	-
Bedele Zuria	-
Bedeno	-
Bedesa Town	-
Begi	-
Bele Gasegar	-
Belo Jegenfoy	-
Bena Tsemay	-
Bensa	-
Beranod	-
Berbere	-
Bereh	-
Berehet	-
Berhile	-
Bero	-
Beyeda	-
Bibugn	-
Bichena Town	-
Bicho	-
Bidu	-
Bilo Nopha	-
Birqod	-
Bishoftu Town	-
Bita	-
Boditi Town	-
Boh	-
Boji Chekorsa	-
Boji Dirmej	-
Boke	-
Bokoji Town	-
Bole Woreda 1	-
Bole Woreda 10	-
Bole Woreda 11	-
Bole Woreda 12	-
Bole Woreda 13	-
Bole Woreda 14	-
Bole Woreda 2	-
Bole Woreda 3	-
Bole Woreda 4	-
Bole Woreda 5	-
Bole Woreda 6	-
Bole Woreda 7	-
Bole Woreda 8	-
Bole Woreda 9	-
Boloso Bonibe	-
Boloso Sore	-
Bona Zuria	-
Bonga Town	-
Boniya Bushe	-
Bonke	-
Bora	-
Bore	-
Borecha	-
Boreda	-
Borena	-
Boricha	-
Boset	-
Bugna	-
Bule	-

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Bule Hora	-
Bulen	-
Burayu	-
Bure (Amhara)	-
Bure (Oromia)	-
Bure Mudayitu	-
Bure Town	-
Burji	-
Burka Dimtu	-
Bursa	-
Butajira Town	-
Chagni Town	-
Cheha	-
Cheko	-
Cheliya	-
Chena	-
Chencha	-
Chere	-
Chereti	-
Cheta	-
Chewaka	-
Chifra	-
Chilga	-
Chinaksan	-
Chiro Town	-
Chiro Zuria	-
Chole	-
Chora	-
Chora Botor	-
Dabat	-
Dabo Hana	-
Dale	-
Dale Sadi	-
Dale Wabera	-
Dali Fage	-
Dalocha	-
Dalol	-
Damot Gale	-
Damot Pulasa	-
Damot Sore	-
Damot Woyide	-
Danan	-
Dangur	-
Dano	-
Danot	-
Dara	-
Daratole	-
Darimu	-
Daro Lebu	-
Dasenech	-
Dawa Chefa	-
Dawa Serer	-
Dawe Kachen	-
Dawnt	-
Dawo	-
Debark	-
Debark Town	-
Debay Tilatgen	-
Deberelibanos	-
Debewoin	-
Debre Birhan Town	-
Debre Elias	-
Debre Markos Town	-
Debre Tabor Town	-
Debub Achefer	-
Debub Ari	-
Debub Bench	-
Decha	-
Deder	-
Deder Town	-

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Dedesa	-
Dedo	-
Dega	-
Dega Damot	-
Degahmedo	-
Degasuftu	-
Degehabur	-
Degehabur Town	-
Degem	-
Degua Temben	-
Deguna Fanigo	-
Dehena	-
Dejen	-
Dejen Town	-
Dekisis	-
Delanta	-
Dembecha	-
Dembecha Town	-
Dembia	-
Denbel	-
Denbi Dollo Town	-
Dendi	-
Dengila	-
Dengila Town	-
Deniboya	-
Denibu Gofa	-
Dera (Amhara)	-
Dera (Oromia)	-
Deramalo	-
Dereashe	-
Dese Town	-
Dese Zuria	-
Dewe	-
Dewe Harewa	-
Dhass	-
Dibate	-
Didu	-
Diga	-
Digluna Tijo	-
Dihun	-
Dila Town	-
Dila Zuria	-
Dillo	-
Dima (Gambella)	-
Dima (Oromia)	-
Dinsho	-
Dire	-
Dire Dawa Town	-
Dita	-
Doba	-
Dodola	-
Dodola Town	-
Dodota	-
Dolo Mena	-
Dolo Odo	-
Dolobay	-
Doreni	-
Doyo Gena	-
Dubti	-
Dugda	-
Dugida Dawa	-
Dukem Town	-
Dulecha	-
Duna	-
Durame Town	-
Ebinat	-
Efrata Gidim	-
Ejere	-
Elahmar	-
Elfata	-

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Elidar	-
Elkere	-
Elwayne	-
Emba Alage	-
Enarj Enawga	-
Endamehoni	-
Endegagn	-
Enderta	-
Enebse Sar Midir	-
Enemay	-
Enemor Ener	-
Enjibara Town	-
Enkelo Wabe	-
Ensaro	-
Erebti	-
Erer	-
Erob	-
Etang	2,072
Ewa	-
Ezha	-
Fagita Lekoma	-
Farta	-
Fedis	-
Fentale	-
Ferfer	-
Fiche Town	-
Fik	-
Filtu	-
Finote Selam Town	-
Fogera	-
Gambella	827
Gambella Zurya	391
Ganta Afeshum	-
Gasera	-
Gashamo	-
Gawo Kebe	-
Gazgibla	-
Gechi	-
Gedeb	-
Gedeb Asasa	-
Geladin	-
Gelan Town	-
Gelana	-
Gemches	-
Genabosa	-
Genida Wuha Town	-
Genji	-
Gera	-
Gerbo	-
Gesha Deka	-
Geta	-
Gewane	-
Gewata	-
Gezegofa	-
Gibe (Konteb)	-
Gida Ayana	-
Gidami	-
Gidan	-
Gimbi	-
Gimbi Town	-
Gimbichu	-
Gimbo	-
Ginde Beret	-
Ginir	-
Girar Jarso	-
Girawa	-
Girja	-
Gishe	-
Goba	-
Goba Town	-

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Gobu Seyo	-
Gode	-
Gode Town	-
Godere	259
Gog	1,542
Gola Oda	-
Golina	-
Goljano	-
Gololcha (Arsi)	-
Gololcha (Bale)	-
Gomibora	-
Gomma	-
Goncha Kolola	-
Goncha Siso Enese	-
Gondar Town	-
Gondar Zuria	-
Goreche	-
Goro (Bale)	-
Goro (South West Shewa)	-
Goro Bekeksa	-
Goro Damole	-
Goro Dola	-
Goro Gutu	-
Gozamin	-
Guagusa Shikudad	-
Guangua	-
Guba	-
Guba Koricha	-
Gubalafto	-
Gudeya Bila	-
Gudru	-
Gulele Woreda 1	-
Gulele Woreda 10	-
Gulele Woreda 2	-
Gulele Woreda 3	-
Gulele Woreda 4	-
Gulele Woreda 5	-
Gulele Woreda 6	-
Gulele Woreda 7	-
Gulele Woreda 8	-
Gulele Woreda 9	-
Guliso	-
Gulo Meheda	-
Guma	-
Gumer	-
Guna	-
Guna Gado	-
Gura Damole	-
Guraferda	-
Gursum (Oromia)	-
Gursum (Somali)	-
Guto Gida	-
Hababo Gudru	-
Habro	-
Habru	-
Hadele Ele	-
Hadero Tunito	-
Hadigala	-
Hadinet	-
Hagere Mariam Kesem	-
Hambela Wamena	-
Hamer	-
Hamero	-
Harar	-
Harena Buluk	-
Hargele	-
Haro Limu	-
Haro Maya Town	-
Haromaya	-
Harshin	-

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Haru	-
Hawa Gelan	-
Hawassa Town	-
Hawi Gudina	-
Hawilti	-
Hawzen	-
Hayik Town	-
Hidabu Abote	-
Hintalo Wajirat	-
Hitosa	-
Holeta Town	-
Homa	-
Homosha	-
Horo	-
Hosaena Town	-
Huka (Halu)	-
Hula	-
Hulet Ej Enese	-
Humbo	-
Humera Town	-
Hurumu	-
Ibantu	-
Illu Gelan	-
Ilu	-
Imiberi (Misrak Imi)	-
Isara	-
Jabi Tehnan	-
Jama	-
Janamora	-
Jarso (East Hararge)	-
Jarso (West Welega)	-
Jawi	-
Jeju	-
Jeldu	-
Jerdga Jerte	-
Jibat	-
Jida	-
Jijiga	-
Jijiga Town	-
Jikawo	591
Jile Timuga	-
Jima Arjo	-
Jima Genete	-
Jima Rare	-
Jimma Horo	-
Jimma Town	-
Jinka Town	-
Jor	-
Kacha Bira	-
Kafta Humera	-
Kalu	-
Kamashi	-
Kebena	-
Kebri Beyah	-
Kebridehar	-
Kebridehar Town	-
Kedamay Weyane	-
Kedida Gamela	-
Kelafo	-
Kelela	-
Kemba	-
Kemisie Town	-
Kercha	-
Kersa (East Hararge)	-
Kersa (Jimma)	-
Kersa Dula	-
Kersana Malima	-
Kewet	-
Kilte Awlalo	-
Kiltu Kara	-

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Kimbibit	-
Kindo Didaye	-
Kindo Koyisha	-
Kiremu	-
Kirkos Woreda 1	-
Kirkos Woreda 10	-
Kirkos Woreda 11	-
Kirkos Woreda 2	-
Kirkos Woreda 3	-
Kirkos Woreda 4	-
Kirkos Woreda 5	-
Kirkos Woreda 6	-
Kirkos Woreda 7	-
Kirkos Woreda 8	-
Kirkos Woreda 9	-
Kobo Town	-
Kochere	-
Kofele	-
Kokir Gedabano	-
Kokosa	-
Kola Temben	-
Kolfe Keraniyo Woreda 1	-
Kolfe Keraniyo Woreda 10	-
Kolfe Keraniyo Woreda 11	-
Kolfe Keraniyo Woreda 12	-
Kolfe Keraniyo Woreda 13	-
Kolfe Keraniyo Woreda 14	-
Kolfe Keraniyo Woreda 15	-
Kolfe Keraniyo Woreda 2	-
Kolfe Keraniyo Woreda 3	-
Kolfe Keraniyo Woreda 4	-
Kolfe Keraniyo Woreda 5	-
Kolfe Keraniyo Woreda 6	-
Kolfe Keraniyo Woreda 7	-
Kolfe Keraniyo Woreda 8	-
Kolfe Keraniyo Woreda 9	-
Kombolcha	-
Kombolcha Town	-
Kondala	-
Konso	-
Konta	-
Kore	-
Korem Town	-
Kori	-
Kucha	-
Kumbi	-
Kurfa Chele	-
Kurmuk	-
Kutaber	-
Kuyu	-
Laelay Adyabo	-
Laelay Maychew	-
Lalibela Town	-
Lalo Asabi	-
Lalo Kile	-
Lanfuro	-
Lare	1,727
Lasta	-
Lay Armcho	-
Lay Gayint	-
Lega Tafo Town	-
Legahida	-
Legambo	-
Legehida (Oromia)	-
Legehida (Somalie)	-
Leka Dulecha	-
Lemo	-
Liben (East Shewa)	-
Liben (Guji)	-
Libokemkem	-

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Lideta Woreda 1	-
Lideta Woreda 10	-
Lideta Woreda 2	-
Lideta Woreda 3	-
Lideta Woreda 4	-
Lideta Woreda 5	-
Lideta Woreda 6	-
Lideta Woreda 7	-
Lideta Woreda 8	-
Lideta Woreda 9	-
Limu	-
Limu Kosa	-
Limu Seka	-
Limuna Bilbilo	-
Loko Abeya	-
Loma	-
Lome	-
Lude Hitosa	-
Machakel	-
Maji	-
Mako	-
Makuey	1,212
Male	-
Malga	-
Mana	-
Mandura	-
Mao Komo Sp. Woreda	-
Marawi Town	-
Mareka	-
Mareko	-
Marsin	-
Masha	-
Masha Town	-
Maychew Town	-
Mecha	-
Meda Welabu	-
Medebay Zana	-
Megale	-
Mehal Meda Town	-
Mehal Saynt	-
Meinit Goldeya	-
Meinit Shasha	-
Meiso	-
Mekane Selam Town	-
Mekaneyesus Town	-
Mekdela	-
Meket	-
Meket Town	-
Melekoza	-
Melka Belo	-
Melku Soda	-
Menesibu	-
Menge	-
Mengesh	-
Menjiwo	-
Menz Gera Midir	-
Menz Keya Gebreal	-
Menz Lalo Midir	-
Menz Mama Midir	-
Merab Abaya	-
Merab Armacho	-
Merab Azernet	-
Merab Badwacho	-
Merab Belsa	-
Merab Este	-
Mereb Lehe	-
Merhabete	-
Mersa Town	-
Merti	-
Mesekan	-

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Mesela	-
Meta	-
Meta Robi	-
Metehara Town	-
Metema	-
Metu Town	-
Metu Zuria	-
Meyu Muleke	-
Meyu Muluka	-
Mida Woremo	-
Midakegn	-
Midga Tola	-
Mieso	-
Mile	-
Minjar Shenkora	-
Misha	-
Misrak Azernet	-
Misrak Badawacho	-
Misrak Belesa	-
Misrak Este	-
Miyu	-
Mizan Aman Town	-
Mojana Waderea	-
Mojo Town	-
Moretna Jiru	-
Mota Town	-
Moyale (Oromia)	-
Moyale (Somali)	-
Mubarek	-
Muhor Na Aklil	-
Mulo	-
Munesa	-
Mustahil	-
Nader Adet	-
Nefas Silk-Lafto Woreda 1	-
Nefas Silk-Lafto Woreda 10	-
Nefas Silk-Lafto Woreda 11	-
Nefas Silk-Lafto Woreda 12	-
Nefas Silk-Lafto Woreda 2	-
Nefas Silk-Lafto Woreda 3	-
Nefas Silk-Lafto Woreda 4	-
Nefas Silk-Lafto Woreda 5	-
Nefas Silk-Lafto Woreda 6	-
Nefas Silk-Lafto Woreda 7	-
Nefas Silk-Lafto Woreda 8	-
Nefas Silk-Lafto Woreda 9	-
NegeleTown	-
Nejo	-
Nejo Town	-
Nekemte Town	-
Nensebo	-
Nifas Mewcha Town	-
Nole Kaba	-
Nono	-
Nono Benja	-
Nono Sele	-
Nunu Kumba	-
Nyanigatom	-
Oda Buldigilu	-
Oda Bultum (Kuni)	-
Odo Shakiso	-
Ofa	-
Ofla	-
Omonada	-
Pawe	-
Quara	-
Quarit	-
Qubi	-
Quiha	-
Qunoba	-

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Raso	-
Raya Alamata	-
Raya Azebo	-
Raya Kobo	-
Rayitu	-
Robe	-
Robe Town	-
Saba Boru	-
Saesi Tsadamba	-
Sankura	-
Sasiga	-
Sawla Town	-
Saya Debirna Wayu	-
Sayilem	-
Sayint	-
Sebeta Hawas	-
Sebeta Town	-
Sedan (Sirba Abay)	-
Seden Sodo	-
Segeg	-
Sehala	-
Seharti Samre	-
Seka Chekorsa	-
Sekela	-
Sekota Zuria	-
SekotaTown	-
Selamago	-
Selehad	-
Semen	-
Semen Achefer	-
Semen Ari	-
Semen Bench	-
Semera Logia Town	-
Semu robi	-
Sendafa Town	-
Seru	-
Setema	-
Seweyna	-
Seyo	-
Seyo Nole	-
Shala	-
Shambu Town	-
Shashago	-
Shashemene Town	-
Shashemene Zuria	-
Shebe Senbo	-
Shebedino	-
Shebel Berenta	-
Sheikosh	-
Sheko	-
Sherkole	-
Shewa Bench	-
Shewa Robit Town	-
Shilabo	-
Shinile	-
Shiraro Town	-
Shire Endasilasie Town	-
Shirka	-
Sibu Sire	-
Sigamo	-
Silti	-
Simada	-
Sinan	-
Sinana	-
Siraro	-
Sire	-
Sodo	-
Sodo Dacha	-
Sodo Town	-
Sodo Zuria	-

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Sokoru	-
Sora	-
Soro	-
Sude	-
Sululta	-
Sululta Town	-
Surma	-
Tach Armacho	-
Tach Gayint	-
Tahtay Adyabo	-
Tahtay Koraro	-
Tahtay Maychew	-
Takusa	-
Tanqua Abergele	-
Tarma Ber	-
Tegede	-
Tehuledere	-
Telalak	-
Teletele	-
Tena	-
Tenta	-
Tepi Town	-
Tercha Town	-
Teru	-
Tibaro	-
Tikur Enchini	-
Tiro Afeta	-
Tiyo	-
Tocha	-
Toke Kutayu	-
Tole	-
Tsegede	-
Tselemet	-
Tselemti	-
Tulo (Oromia)	-
Tulo (SNNPR)	-
Tuluguled	-
Uba Debre Tsehay	-
Udet	-
Uraga	-
Wadera	-
Wadla	-
Wado	-
Wama Hagelo	-
Wantawo	1,172
Warder	-
Wayu Tuka	-
Wegera	-
Wegidi	-
Welkayit	-
Welkite Town	-
Wenago	-
Wenbera	-
Wensho	-
Werabe Town	-
Were Ilu	-
Were Jarso	-
Were Lehe	-
Werebabu	-
West Emey	-
Wilbareg	-
Woldiya Town	-
Woliso	-
Woliso Town	-
Wolmera	-
Wonberima	-
Wonchi	-
Wondo Genet	-
Woreta Town	-
Wuchale	-

Ethiopia COP15 Targets by Woreda: Voluntary Male Medical Circumcision (VMMC)

	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program
Wukro Town	-
Yabelo	-
Yabelo Town	-
Yalo	-
Yaso	-
Yaya Gulele	-
Yayu	-
Yeka Woreda 1	-
Yeka Woreda 10	-
Yeka Woreda 11	-
Yeka Woreda 12	-
Yeka Woreda 13	-
Yeka Woreda 2	-
Yeka Woreda 3	-
Yeka Woreda 4	-
Yeka Woreda 5	-
Yeka Woreda 6	-
Yeka Woreda 7	-
Yeka Woreda 8	-
Yeka Woreda 9	-
Yeki	-
Yem	-
Yemalogi Welel	-
Yilma Na Densa	-
Yirga Alem Town	-
Yirgachefe	-
Yirgachefe Town	-
Yoale	-
Yubdo	-
Zala	-
Zigem	-
Ziquala	-
Ziway Dugda	-
Other_ Ethiopia	-
Total	**10,250**